HEALTH DEP

please execute the certificate, writing the word "pending" in pendil in Item 18. Give Pages 1, 2, and to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and it and event within 72 hours after defith Health or its designated agent, prior to burial, cremation, or removal, and 5M 1/62

O DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after

If any delay is necessary,

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND US 569 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

-			03562
1.	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If instituti	on: Rasidence before admission)
		a. STATE b. COUNTY	
-	b. CITY OR TOWN (if outside corporate limits.	Maryland Prir c. CITY OR YOWN (If outside corporate limits, write RURA	ce George's
A	write RURAL and give nearest town)		and give nearest town,
-	Lanham 3 months	36 Lanham	
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street address)	d. STREET ADDRESS	IS RESIDENCE ON A FARM?
	9154 Browns Lane	9154 Browns Lane	YES NO
3.	NAME OF First Middle DECEASED	Last 4. DATE Month	Day Year
	(Typa or print)	Allen OF DEATH March	7 4+h 10 c0
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B	Allen March	14th., 1962 DERT YEAR I IF UNDER 24 HRS.
١.		last birthday) Monti	
	Temale White WIDOWED DIVORCED 1	July 24, 1927 34 yrs.	
d	USUAL OCCUPATION (Giva kind of work pine during most of working lifa, even if retired)	11. BIRTHPLACE (State or foreign country) 12.	CITIZEN OF WHAT COUNTRY?
1	lerk Typist U.S. Gov't.	South Carolina	U.S.A.
13	TATHER'S NAME PED	14. MOTHER'S MAIDEN NAME	0,0,0,
	Otic Lenn Howa	Winnia Wass Garan	
	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1	Minnie May Cason	
(1	247-34-9335		
-	Yes 1949 to 1962 E]	Isie Ruby Thwing, same as	# 2 INTERVAL BETWEEN
	PART I. DEATH, WAS CAUSED BY:		ONSET AND DEATH
	IMMEDIATE CAUSE (a) Hemorrhage	and shock	
	97/X DUE TO		
	Conditions, if any, which) (b) Cum abot was	and of the head	
	BUIL TO	and of the head	
	(e), stating the underlying cause last.		
z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN I	PART I(a): 19. WAS AUTOPSY
CERTIFICATION			PERFORMED?
2	CONTRACTOR OF THE PROPERTY OF		YES NO
ERTII	206. EXTERNAL CAUSE WAS PRIMARY G OF CONTRIBUTING CAUSE OF DEATH.	Enter neture of injury in Part I or Pert II of item 18.)	
		hand	
WEDICAL	20c. TIME OF INJURY Month, Day, Year Short NJE Column 20t he	CE THOM [Home, farm, 20f. (City or town)	County) (Stata)
WED			a ma
	21. I certify that I took charge of the remains described above, he		, and in my opinion
		pur (Eb.)	Annual Control
	death resulted from: Natural causes , Accident , Suici	ide 🗶. Homicide 🔲, Undetermined manner	
		CHIEF MEDICAL EXAMINER	
	ACTUAL SIGNATURE CAMES & Boyce	CHIEF MEDICAL EXAMINER M.D. ASSISTANT MEDICAL EXAMINER	DATE SIGNED
	SIGNATURE COMES NO -1	ASSISTANT MEDICAL EVAMINED	DATE SIGNED
	EXAMINER'S NAME (Type)	M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	
22	EXAMINER'S NAME (Type) BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR	M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	DATE SIGNED 3/15/62
22	EXAMINER'S NAME (Type)	M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER Address (Streat, city, town, or county) CREMATORY 22d. LOCATION (City, town, or county)	DATE SIGNED 3/15/62
22	EXAMINER'S NAME (Type) BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR	ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER Address (Streat, city, town, or county) CREMATORY 22d. LOCATION (City, town, or county) Considery Considery Andresson.	DATE SIGNED 3/15/62
22	EXAMINER'S NAME (Type) BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR	Address (Streat, city, town, or county) CREMATORY Constant Address (Streat, city, town, or county) 22d. LOCATION (City, town, or county) Constant 24e Jec'd BY REGISTRAR 24b. REGISTRAR	DATE SIGNED 3/15/62 (Stete) S SIGNATURE
22 23	EXAMINER'S NAME (Type) BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR	Address (Streat, city, town, or county) CREMATORY Constant Address (Streat, city, town, or county) 22d. LOCATION (City, town, or county) Constant 24e Jec'd BY REGISTRAR 24b. REGISTRAR	DATE SIGNED 3/15/62

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 03570 OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) a. COUNTY b. COUNTY the 4 Prince George's Maryland MARYLAND Prince George's pue c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 write RURAL end give nearest town) filled in I Mt. Rainier Cheverly 25 days a. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) Ad. STREET ADDRESS ON A FARM? 3271 Queenstown Drive YES NO Prince George's General Hospital NAME OF Lest 4. DATE Month Day Year DECEASED March 28 19 62 DEATH (Type or print) Theresa K. Allen IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 9. AGE (In yeers | IF UNDER 1 YEAR | 5. SEX 8. DATE OF BIRTH Inst birthday) | Months Hours car Female 3-8-17 WIDOWED [DIVORCED ician 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or loreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) physic Washington, D.C. USA housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James W. Beckert Sadie Casassa 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address Mt. Rainier . Md. requires that the (Yes, no, or unkown) | (If yes give wer or detes of service) Arthur M. Allen. 3271 Queenstown Drive 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c), ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which (b) geve rise to immediate cause DUE TO (e), steting the underlying cause last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e): 19. WAS AUTOPSY CERTIFICATION 38 PERFORMED? prior NO 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Part II of item 18.) 20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20e. PLACE OF INJURY (Home, ferm, (County) (Stete) 20d. INJURY OCCURRED 20f. (City or town) 20c. TIME OF INJURY Month, Dev. Yeer factory, street, office bldg., etc.) may be retained DIRECTOR: Af While Not While WEDI Hour e.m. et work et work p.m 21. I certify that (I) (this hospital) attended the deceased from.1907..., and that death occured at 3.T.M, from the causes and on the date stated above. saw the decleased alive on..... OR 22e. SIGNATURE ATTENDING. SIGNED DIRECTOR PHYS. FUNERAL 22d. ADDRESS 22c. filed , 238. BURIAL, GREMATHON, 236. DATE THEREOF NAME OF CEMETERY CREMATORY 23d. LOCATION (City, town or county) (State) - F 8 0 Washington, D.C. St. Marvis Cemeterv Wash .DC 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 7/61

hours after

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MARYLAND STATE DEPARTMENT OF HEALTH

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 03571 CERTIFICATE OF DEATH funeral within 24 hours after 1. PLACE OF DEATH USUAL RESIDENCE (Where dacassed lived, If Institution; Residence before edmission) e. COUNTY b. COUNTY filled in by the f Pages 1 and 2 s urs after death Prince George's Mary land MARYLAND Prince George's b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. LENGTH OF STAY IN 16 write RURAL end give neerest town Mitchelville hours after Chever ly 8 days d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Rt. Box 12 Prince George's General Hospital YES NO . papers. n 72 ho completely 3. NAME OF DATE Month Day Yaai DECEASED 19 62 March 11 (Type or print) Alston DEATH Solomon and cor with 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 24 HRS. AGE (In years | IF UNDER 1 YEAR) 8. DATE OF BIRTH last birthday) Months Days Hours Colored Male 5-1-12 event, WIDOWED [4.9 attending physician Then please remove 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, evan if retired) Jaborer ashing Lon 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME and Roland Alston Mary Jones Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address removal, (Yas, no, or unkown) | (If yes give we rordat as of service Amy Henry Mitchelville. Maryland attending physician. 18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c).] INTERVAL SETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED 8Y: Cerebral hemorrhage, right internal capsule IMMEDIATE CAUSE (a) the has been signed the burial-transit burial, cremation, DUE TO Cerebral arteriosclerosis Conditions, if any, which geve risa to immediate causa DUE TO (a), stating the underlying causa last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY certificat as o PERFORMED? XX NO use prior 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING TI OR CONTRIBUTING CAUSE OF DEATH After þ 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED I 20e. PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (Stata) factory, streat, office bldg., atc.) While Not While MEDI Hour a.m. at work at work p.m DIRECTO 3-11 19.62, and that death occurred at 7.1.30, from the causes and on the date stated above. saw the deceased alive on.... 22a. SIGNATURE GNED ATTENDING MED STAFF DIRECTOR PHYS. PHYS. HOSPITAL sath. Page 4 FUNERAL 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) David S. Clayman Baltimore Ave. Riverdale. Md. ector, filed 23d. LOCATION (City, town or sounty) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23Ь. DATE THEREOF (Stata) REMOVAL (Spacify) 0 5 8 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) DATE MAR 1 6 '62 15M 7/61 Citing & Thous

MARYLAND STATE DEPARTMENT OF HEALTH

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CERTIFICATE OF DEATH 03572 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before edmission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) Suit land give nearest town) within 24 Washington, D.C. d. NAME OF HOSPITAL OR INSTITUTION (if not In hospitel, give street eddress) d. STREET ADDRESS IS RESIDENCE Suitland Nursing Home 6425 31st Place N.W. ON A FARM? YES NO F 3. NAME OF 4. DATE Middle Month Day Year DECEASED (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS last birthday) WIDOWED-DIVORCED 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & Siete, or foleign country) 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Civil Engineer U.S. Indiana U.S.A. Government 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Alexander H. Arbuckle Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address (Yes, no, or unkown) | (If yes give war or dates of service) Doris V. Hobbs no same as none 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Prestatie Hefertaples Conditions, if any, which gave rise to immediate cause DUE TO (e), steting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT CERTIFICATION NO 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of item 18.) 20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, ! 20f. (City or town) (County) (State) factory, street, office bldg., etc.) While Not While et work at work p.m. DIRECTOR 21. I certify that (I) (this hospital) attended the deceased from... 3-2-5 1962, and that death occurred at 7.20M, from the causes and on the date stated above. saw the deceased alive on...... ATTENDING FUNERAL 22d. ADDRESS S. Gordon David 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town or county) REMOVAL (Specify) Prince Georges County. Ft. Lincoln Cemetery 0 buria. 24 FUNERAL DIRECTOR'S SIGNATURE 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) The S.H. Hines Co. Washington 9, D.C. 15M 7/61

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

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PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH AND RECOR 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where dageasad lived, If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate lim c. CITY OR TOWN (If putside corporata limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 waite BURAL and give nearest town). .5 7 Bowie d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street adgress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO paper 3. NAME OF First 4. DATE Month Day Year Middla DECEASED DEATH (Typa or print) carbon 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 st birthday) Months Days Hours WIDOWED DIVORCED 12. CITIZEN OF WHAT COUNTRY? 106. KIND OF BUSINESS OR INDUSTR furing most of worldn (life, even if retired) 13. FATHER'S NAME IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMA (Yes, nof or unkown) | (If yes giva war or dates of servica) 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) gava rise to immadiata causa DUE TO (a), stating the undarlying causa last CONTRIBUTING TO DEATH BUT VAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS PERFORMED? YES NO L 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete) 20c. TIME OF INJURY Month, Dey, Yeer factory, street, office bldg., atc.) While Not While at work at work and that death occured all. A...M, from the causes and on the date stated above. saw the deceased alive on... 22b. DATE ATTENDING SIGNED DIRECTOR PHYS. eath. Page 4 PHYS. PHYSICIAN'S 22d. ADDRESS director, p NAME (Type) 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 35. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (Stata) REMOVAL (Specify) Bowie, Maryland Church Cemetery Burial 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A1S 1SM 7/61 DATE Circums & Traces

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25 die 12 12 15 WARY SOLF BANKLIN TONK BOTT HE President Meanur Drawn Annual Annual Fix Go Go Francisco 205 H. STAN ROOM DUNCE HEATHER SOUND the perally bushell Bourte , Med sparrough level to Later trapet with Should - select years Fire 10 62 10 6 44 10 40 40 Howard A. West The 149 Pet Sound He

1. PLACE OF DEATH 2. USUAL RESIDENCE (Where daceased lived, If institution, Rasidance before admission) e. COUNTY b. COUNTY y is necessar director. Pag files. MARYLAND Prince George's Maryland Prince George. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) Prince George's CITY OR TOWN (if outside corporate) write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Roger Heights Riverdale d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) . IS RESIDENCE ON A FARM? 55th YES NO Leland Memorial Hospital Avenue 3. NAME OF Middle DATE Month Dev Year DECEASED OF (Typa or print) DEATH 62 March 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED 2 wit last birthdey) Months Min. Hours 2, ar WIDOWED DIVORCED Female With 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? Page VPPERMARL BORO done during most of working life, even if retired) Comptometor Opertor Beauty Supply Maryland USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Alexander Hattie M. Ryon Alexander (n) Moor

1s. was deceased ever in u.s. armed Forces? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Rogers Hght (Yes, no, or unkown) | (Ifyesgivawar or dates of servica) 55th Ave. Ma. No Baker 5014 18. CAUSE OF DEATH [Enter only one cause par line for (e), (b), and (c).) guo ONSET AND DEATH IMMEDIATE CAUSE (e) Office a Ö Conditions, if any, which geve rise to immediate cause DUE TO (a), steting the underlying nsed cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)1 19. WAS AUTOPSY CERTIFICATION ERFORMED? NO plnous 20a. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Part I or Part II of item 18.) 0 PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. Chief MEDICAL 20c. TIME OF INJURY Month, Dey, Yeer 2Dd. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) factory, straat, offica bldg., etc.) Whila Not While et work at work 0 21. I certify that I took charge of the remains described above, held an Autopsy 🔀, 0 Inspection Inquiry and in my opinion Natural causes Suicide Undetermined manner death resulted from: Accident Homicide CHIEF MEDICAL EXAMINER lease execute the should be for FUNERAL I ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE 15 DEPUTY DEPUTY MEDICAL EXAMINER Y ö EXAMINER'S NAME (Typa) Address (Straat, city, town, or county) alth 22a. BURIAL, CREMATION. 22d. LOCATION (City, town, or country) 240 E WASH NA SIZ-11=StS REGISTRAR'S SIGNATUR VR A15ME 5M 1/62

301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Whare deceased lived, If institution, Residence before admission) a. COUNTY b. county. America Prince Georges by the MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) þ write RURAL end giva nearest town) Maracaibo Venezuela ll davs Chever ly .⊑ d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) d. STREET ADDRESS Superior Oil Co. e. IS RESIDENCE ON A FARM? Apartado 168 Prince Georges General Hospital YES NO 3. NAME OF DECEASED (Type or print) DEATH 19 19 62 6. COLOR OR RACE 7. MARRIED THEYER MARRIED 9. AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. lest birthdey) 27 Nov. 1913 Ma la WIDOWED! DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S.A. Superintendent Oil Co. Marine -13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Almer W. Beale Verna Clark à 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (Ifyesgivewerordetesofservice) Emily Beale, 4900 Cherokee St. the WW II 18. CAUSE OF DEATH [Enter only one ceuse per line for INTERVAL BETWEEN College Park. Md. ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUF TO geve risa to immediate cause DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+): 19. WAS AUTOPSY 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) 20e. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm. 20f. (City or town) (County) (State) factory, street, office bldg., etc.) While Not While Hour a.m. at work at work 21. I certify that (I) (this pospital) attended the deceased from......March...6....., 182..., 10.March...19...., 19...62 that (I) (we) last 22b. DATE ATTENDING SIGNED DIRECTOR PHYS. PHYS. M.D. ADDRES: NAME (Type) 23e. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stete) REMOVAL (Specify) Arlington Nat'l. Cemetery, Arlington, Va. Burial 1756 Pa. are N.W. Wash D. 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 9/60

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YLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where daceasad lived, If institution; Residence before edmission) ny delay is nec.
s funeral director. Pay
d for your files.
d of Health, a. COUNTY e. STATE b. COUNTY MARYLAND Marvland Prince George's b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporeta limits, write RURAL and give nearest lown) write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) Hillside d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO T Prince George's General Hospital 5400 Street 4. Month DECEASED OF (Type or print) DEATH Dorothy Margaret March 1962 Bell 5. SEX 6. COLOR OR RACE 7. MARRIED THE NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) Months Female WIDOWED [DIVORCED T Oct. 42 yrs. 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, evan if relired) Housewife At Home U.S.A. pages 1 Marvland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Lamuel Foard Catherine Rohe 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (Ifyesgive war or datas of servica) "in pencil in Item 18 Office along with fa Robert Harry Bell same 18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and to INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: NEUMONIA IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which (b) gave rise to Immediata cause DUE TO (a), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9), 19. WAS AUTOPSY PERFORMED? pluods 200. EXTERNAL CAUSE WAS C 20b. DESCRIBE HOW INJURY OCCURED, (Entar neture of Injury in Pert I or Pert II of item 18.) PRIMARY [] or CONTRIBUTING [] CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm, 20f. (City or lown) (County) factory, street, office bldg., atc.) While Not While Hour am at work | et work forwarded to the L DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy X. Inspection X. Inquiry X and in my opinion death resulted from: Natural causes XI. Accident Suicide Homicide | Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER should be for DATE SIGNED SIGNATURE DEPUTY DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Address (Street, city, town, or county OR CREMATORY 22e, BURIAL, CREMATION, 22b, DATE THEREOF 22d_ LOCATION (City, town, or country) REMOVAL (Specify) 400 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURI VS. AISME 9 '62 arihur & House 5M 9/60

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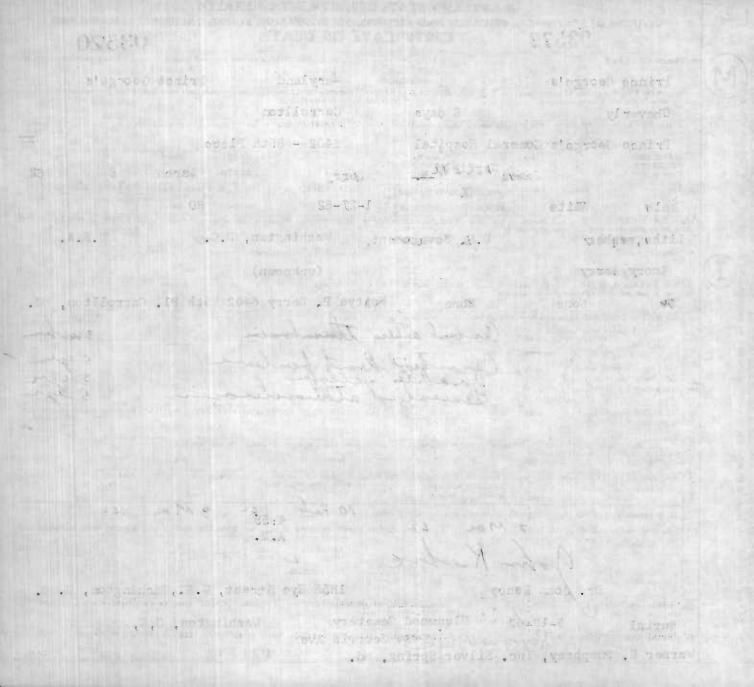
(State)

alternation and the second sec enterial e al T. F. D. Tolland Committee of the Commit SEVE VILLER E

HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after teath. Page 4 may be retained by the hospital or attending physician.

VI.		035	6 4		ERTIFICAT	TE OF D				035	70	
	1. PLACE OF DE	ATH				2. USUAL RE	SIDENCE	Whare dace	esed tived, If it		lence before	edmission
		George's			MARYLAND	Maryl	and		man a	George	fg	
	b. CITY OR TOV	VN (if outside corpor	ate limits,	c. LENG	TH OF STAY IN 16			tsida corpora	ate limits, write			wn)
	Chever	end give neerest to	wn)	6 /	lavs	X Carro	llton					
		OSPITAL OR INSTITU	JTION (if not			d. STREET A						RESIDENCE
	Prince	George's	Comen	al Hoans	+-1	6402	- 85th	Plan	•		YES	A FARM?
	NAME OF	deorge s	first	ar nosp.	Middle	Last		DATE	Month	D		
	(Type or print)		James	Garfiel				OF DEATH	March		19	62
5	SEX	A COLOR OF				Berry DATE OF BIRTH			AGE (In yeers			R 24 HRS.
2				ARRIED A NEV	3				last birthdey)	Months Day	_	Min.
	Male	White		DOWED [DIT OKCED	27-82			80 yrs.			
1	Oa. USUAL OCCL done during most of	JPATION (Give kind of working life, even	of work 1	106. KIND OF BU	SINESS OR INDUSTR	Y 11. BIRTHPLAC	CE (County &	State, or fo	reign country)	12. CITIZEN	OF WHAT	COUNTRY
	Lithogra	apher		U.S. G	overnment	Wash	nington	n, D.C	•	I	J.S.A.	
1	3. FATHER'S NAM	AE				14. MOTHER'S	MAIDEN NA	ME				
	Emory	Berry				(ur	known)				
		D EVER IN U.S. ARM			ECURITY NO. 17. I	NFORMANT			Address			
	No	None		None	Hat	tye P. H	Berry (5402 8	5th Pl.	Carrol	liton.	Md_
	18. CAUSE	OF DEATH [Enter o	nly one cause	e per line for (a),		Λ				T	INTERVAL BE	TWEEN
	PART I.	EATH WAS CAUSE		Conta	O situ	The	lasi				ONSET AND	DATH
	126	IMMEDIATE CA	O2f (e)	Court		2			70.00		100	
		0	01.10	1	T.1	_1 /					A	1
	C 4:47 : 15			1	1 1 1 1 1	7 6	ou le	we			5 4	~_
	Conditions, if	mediate ceuse	(b)	Cayes	Jug h	and the	ente	we.			54	14
	geve rise to im (a), stating th	mediate ceuse	(b)	Cons	below in	elyf	ele				54	VI.
	geve rise to im (a), stating the	mediate ceuse ne underlying	(c)	Lene	bete m	athe	onle	LOZ		ENI INI DA DY 1/a	5 4	ALLTOREY
TION.	geve rise to im (a), stating the	mediate ceuse	(c)	Jenes CONTRIBUTING	bele in alyd 5 TO DEATH BUT NO	athur ot related to the	elle onle se terminal	DISEASE CO	ONDITION GIVE	EN IN PART 1(a)	PERFO	AUTOPSY ORMED?
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MARYLAND STATE DEPARTMENT OF HEALTH

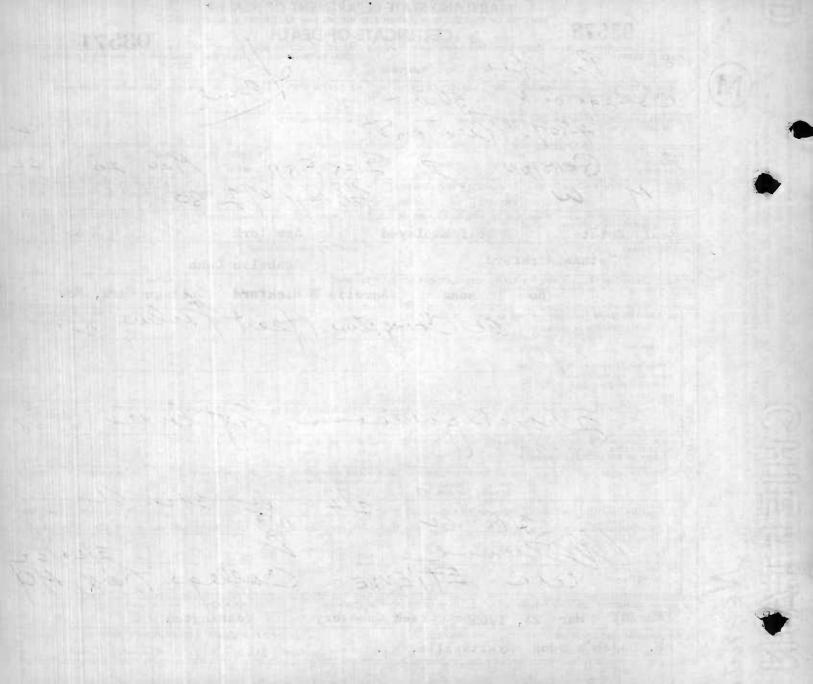


DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH directar PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND funeral c. CITY OR TOWN in outder corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 RURAL and ove nearest town shauld d. NAME OF HOSPITAL (If not ja hospital, d. STREET ADDRESS e. IS RESIDENCE ON A FARM? OR INSTITUTION YES NO [2 NAME OF First Middle 4. DATE Month Yeor DECEASED DEATH (Type or print) 5. SEX 6. COLOR OF RACE MARRIED NEVER MARRIED 9. AGE (In years lost birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours DIVORCED [WIDOWED [ŧ 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State of foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) USA Self Employed New York Real Estate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician athan Bickford Arabelle Cohn 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) College Park, Md. Aurelia E Bickford no none 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b) and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) DUE TO é Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISPASE TO CONDITIONS GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? has YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Bart 11 of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) Hour o. m. While Not while of work of work p. m. 21. I certify that (1) (this haspital) attended the deceased fram.... 19___, that (1) (we) last saw the deceased alive on and that death accurred at from the causes and an the date stated above. DIRECTOR: 22o. SIGNATURE SIGNED M.D. PHYS. STAFF PHYS. DIRECTOR -P 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (Stote) 196Bock Creek Cemetery 23, Mar Washington DC 24. FUNERAL DIRECTOR'S SIGNATURE 25b. REGISTRAR'S SIGNATURE **ADDRESS** 25a. REC'D BY REGISTRAR F. Gasch's Sons Hyattsville, M,. arthur S. Thousa MAR 2 7 '62 DATE 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH

Page

death.



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	1. PLACE OF I			e Geo	rges	MARYLAN	e. S'		ryland	i	b. COU	Pri	noe G	eorg	08
5	b. CITY OR TO write RUR	AL end	oulside cor chev	rporate limit st town) rer ly	is, c	LENGTH OF STAY IN	3/	TY OR TOWN	(If outside	107	ilmiis, wrii	e KUKAL	end give n	neerest to	₩n)
7	d. NAME OF	HOSPITA	AL OR INST	TITUTION (i		Hospital	1 d. S	TREET ADDRESS	S	Str				ON	A FARA
	3. NAME OF DECEASED (Type or print			First		Middle Girl	B1	ackwell	4. DA' OF DE	TE RTH	Mont		Day	Yes	
-	5. SEX	010	6. COLOR			NEVER MARRIED	8. DATE O	F BIRTH		9. AG	E (In years birthday)		RIYEAR	IF UNDE	
-	10a. USUAL OC	CUPATIO	ON (Give k	ind of work	WIDOWED [DIVORCED OF BUSINESS OR INDU		March THPLACE (Co.	1962 unty & Stell	e, or foreig	yrs.	12. 0	CITIZEN OI	10 F WHAT	COUNT
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						for (a), (b), end (c).	Mot	her	S	ame				ERVAL BE	
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before admission) e. COUNTY Prince George's Prince George's MARYLAND Maryland b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL end give neerest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) Brentwood d. STREET ADDRESS a. IS RESIDENCE ON A FARM? Prince George's General Hospital 4002 YES NO THE 38th. Street NAME OF 4. DATE DECEASED OF (Type or print) DEATH 1962 Ida March Elizabeth 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) June 29,1885 DIVORCED [WIDOWED Female White 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or Greign Country 12, CITIZEN OF WHAT COUNTRY? Pages 1, Z, done during most of working life, even if retired) House work Own Home U. S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Benjamin Bowen Louisa Weisenburger 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yespino or unkown) (Ifyesgivewerordetesofservice) Nell Louise Bowen, same as # 18. CAUSE OF DEATH [Enter only one couse per line for (e), (b), end (c),] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: " in pencil i IMMEDIATE CAUSE (e) Acute congestive heart failure DUE TO Conditions, if eny, which Cardiovascular renal disease geve rise to immediate cause DUE TO (e), steting the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO T Carcinoma of the liver 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) PRIMARY | or CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (State) (County) tactory, street, office bldg., etc.) While Not While et work et work 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection X Inquiry X and in my opinion Undetermined manner death resulted from: Natural causes Accident Suicide Homicide CHIEF MEDICAL EXAMINER DIR ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for FUNERAL SIGNATURE designat DEPUTY MEDICAL EXAMINER TO EXAMINER'S NAME (Type) Address (Street, city, town, or county) NAME OF CEMETERY OR CREMATOR 220 BURIAL CREMATION 22d. LOCATION (City, town, or country) (Stete) 0 REC'D BY REGISTRAR | 246. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. AISME DATE MAR Corthay S. Krawa

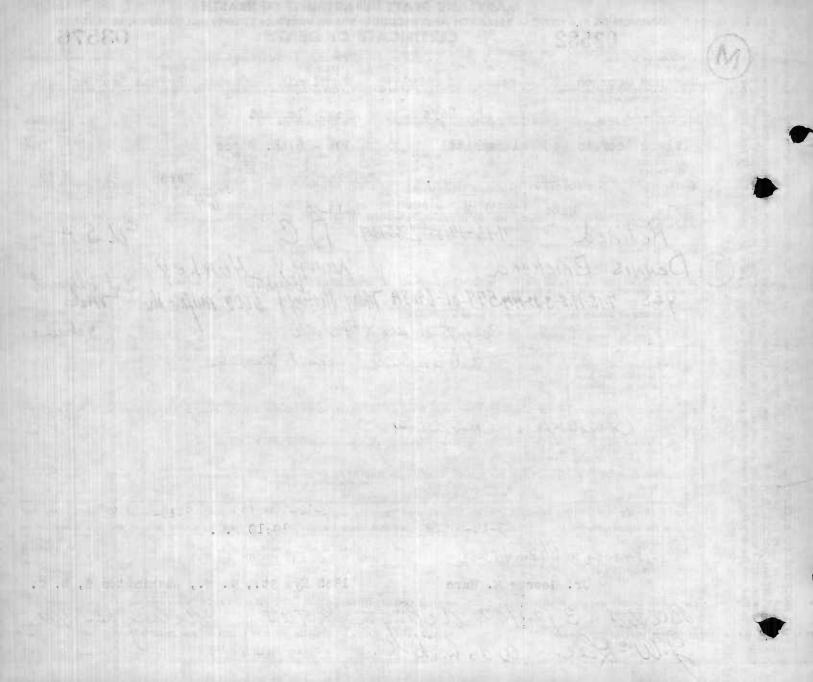
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RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S IFICATE PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edit e. COUNTY b COUNTY Washington D.C. Prince George's MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL and give nearest town! Temple Hills
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street address) Washington, DC e. IS RESIDENCE ON A FARM? K St. N 6431 Gull Road YES NO TY 1116 NAME OF Middle Month DECEASED (Type or print) DEATH KALMAN 1962 March 5. SEX AGE (In yeers I IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthdey) Months Hours July 10,1883 Male WIDOWED X DIVORCED 2,23 10a. USUAL OCCUPATION (Give kind of work 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Give Pages 1, 2, rm PM3. Page GITO CETTYS done during most of working life, even if retired) Store Owner USA Austria Retired 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME UNKNOWN UNKNOWN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address Arlington. (Yes, no, or unkown) | (If yes give wer or detes of service) Office along with Randoplh St. V Leah B. Biller Unknown No 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c). burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: in pencil IMMEDIATE CAUSE (e) Acute congestive heart failure DUE TO o plnods Conditions, if env. which (b) Coronary artery disease cremation, 10 geve rise to immediate ceuse "pending" DUE TO 35 (e), steting the underlying should be used part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION burial, PERFORMED? the certificate, writing the word rwarded to the Chief Medical E NO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Pert II of item 18.) PRIMARY | or CONTRIBUTING | ge 3 si CAUSE OF DEATH. to the Cir. CAL 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Dev. Year 20f. (City or town) (County) (Stete) fectory, street, office bldg., etc.) While Not While MEDI et work | et work should be forwarded to the FUNERAL DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry | and in my opinion Natural causes X Accident Suicide Homicide Undetermined manner death resulted from: CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER its SIGNATURE DEPUTY DEPUTY MEDICAL EXAMINER 6 EXAMINER'S JAMES NAME (Type) please 4 should PUN Health Address (Street, city, town, or county) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) Burial 3-26-62 National Capital Hebrew Cem. Washington, 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VR A15ME NOTE WAR 2 7 '62 Onthung 8. Thous 5M 1/62 Bernard Danzansky & Sons 3501 14th St.

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 03582 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) e. COUNTY b. COUNTY e. STATE Prince Georges MARYLAND Mary and Maryland Prince Ceorges
c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL end give nearest town) Seat Pleasant Days d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? YES NO Prince Georges General Hospital 3. NAME OF Middle Month DECEASED (Type or print) DEATH Brickerd 9. AGE (In yeers | IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 24 HRS. B. DATE OF BIRTH ast bythday) Months WIDOWED TO DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? ACE (County & Stete, or foreign country) done during most be working life, even if retired) 13. FATHER'S NAME please 14. MOTHER'S MAIDEN NAME I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which geve rise to immediate cause DUE TO (e), steting the underlying cause lest. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? premano NO T 20e. ACCIDENT WAS UNDERLYING IT 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) OF CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Yeer 20d, INJURY OCCURRED I 20e, PLACE OF INJURY (Home, ferm, ! 20f. (City or town) (County) (Stete) factory, street, office bldg., etc.) While Not While Hour e.m. et work ef work 22b. DATE 22e. SIGNATURE ATTENDING SIGNED DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S Dr. George W. Ware 1835 Eye St., N. W., Washington 6, D. C. 23c. NAME OF CEMETERY OR CREMAJORY 23d. LOCATION (City, town or county (Stete) WRIAL, CREMATION, 250. REC'D BY REGISTRAR 256. REGISTRARIS SIGNATURE A15 (4) 15M 7/61

ARYLAND STATE DEPARTMENT OF HEALTH



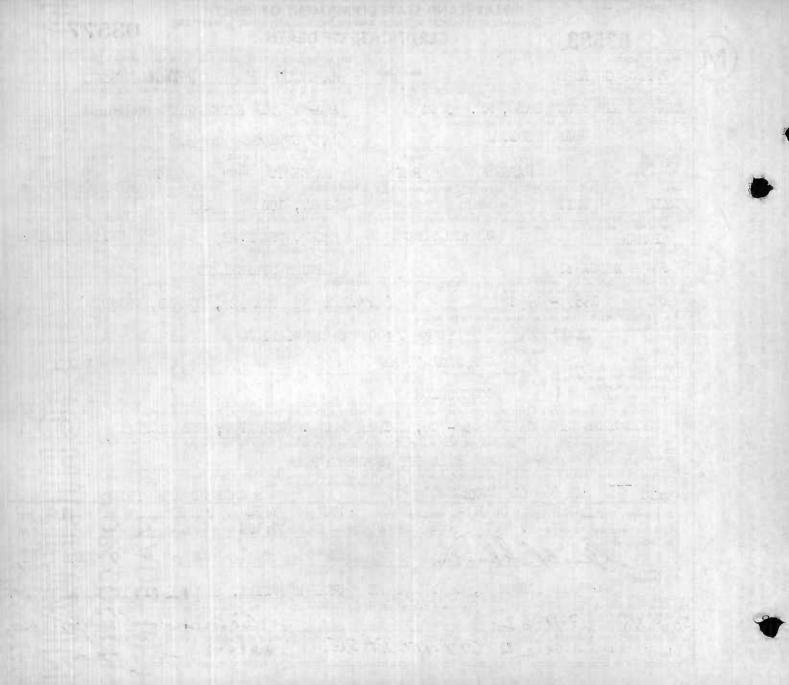
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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1. PLACE OF DEATH O. COUNTY PRINCE GE	ODODG.		MARYLAND		o. STATE	Loh		lived. If institution b. COUNTY			Imission)
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RURAL and give ne	arest town)										
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OR INSTITUTION	USAF HOSP				/CAMP/S		IGS/ B	ox 328/	3X-	3 0	N A FARM?
3. NAME OF DECEASED	Fir	st	Middle		Last		4. DATE OF	Man	ith	Day	Yeor
(Type or print)	WA	RREN	RAY		BROCK	ETT	DEATH	MARC	H	9	1962
S. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED	B. D/	ATE OF BIRTH			9. AGE (In years last birthday)		-	INDER 24 HRS.
MALE	WHITE	WIDOW	DIVORCED	J	ULY 17.	194	0	21 yrs.	Months [Doys Ho	ours Min.
10a. USUAL OCCUPATIO	N (Give kind af working life, even if retired	done 10b.	KIND OF BUSINESS OR INC	USTRY	11. BIRTHPLACE	(State	or foreign co	ountry)	12. CITIZ	ENOFWH	AT COUNTRY?
AIRMAN	ng me, even il remed	US	S AIR FORCE		MAUD,	OKI	AHOMA		UN	ITED	STATES
13. FATHER'S NAME				14	. MOTHER'S MA						
JOE B BRO	CKETT				LAVURI	N ST	RICKL	AND			
15. WAS DECEASED EVER			SOCIAL SECURITY NO. 17.	INFOR				Add	ress		E = 00"
	f yes, give wor or dotes of s 1959 - 196			FAT	HER	BC	X 328.	MCMANN	OKLA	HOMA	
1B. CAUSE OF DEA	TH [Enter only ane co	use per li	ne for (o), (b), and (c).]							INTERVA	L BETWEEN
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OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)	-	FELL OFF OF	ם י	WER POLE	7					
N 20c. TIME OF INJURY	Manth, Day, Ye	ar 20d. II			OF INJURY (Hom	-	, 20f. (City	or town)	(Co	ounty)	(State)
20c. TIME OF INJURY Hour or m. 7:30 p. m.			Nat while	foctory,	street, office blo	dg., etc.		REWS AFB	PRIN	מוס מוס	ORGES M
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		I) attend MAR	led the deceased fram				62, to_	9 MAR			X) (we) last
saw the deceas	ed alive an	//	1962 , and that	deat	h accurred a	TO:	AQ Aram	the causes ar	nd an the	date sta	22b.DATE
22d. SIGNATURE	teulet,	Jehr	n X	M.D.	ATTENDING PHYS.	ME	D. RECTOR	STAFF PHYS.	9	MARC	SIGNED
22c. PHYSICIAN'S					22d. ADDRESS		17 P		31 50		
NAME (Type)	GERALD SCH	USTER	, Capt USAF M	1C	USAF HO	SPI	TAL.	ANDREWS_	ATR FOI	RCE_B	ASEMT
23o. BURIAL, CREMATIO			23c. NAME OF CEMETERY					ION (City, lown,			(Stote)
SHOVAL (Specify)	3-11-6	7					Sen	ninde	e Ofe	loh	ma
24. FUNERAL DIRECTOR	SIGNATURE		ADDRESS	10	25	o. REC'I	D BY REGIST	RAR 2Sb. REGI	STRAR'S SIG	NATURE	,
Www. Ch	ambers	G	517-115-8	7		ATE ME	AR 1 4 '	62 0	rethung &	dies .	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARY 03584 CERTIFICATE OF DEATH funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution; Residence before edmission) a. COUNTY a STATE h. COUNTY by the and 2 death. Prince George's MARYLAND Maryland Prince George's b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL and give nearest town) ges 1 Brentwood Cheverly 3 Hrs. filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 4509 41st Avenue Prince George's General Hospital YES NO . pletely 3. NAME OF Middle Last 4. DATE Month Day Year DECEASED (Type or print) Diana Brooks DEATH March 19 62 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH IF UNDER 24 HRS. 9. AGE (In years I IF UNDER 1 YEAR last birthday) Months | Devs Female Colored Hours an 8-6-61 WIDOWED | DIVORCED certificate physician 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 112. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Prince George's County . Md. U. S. A. Infant None 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending Roland James Bailey Grace Brooks 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give war or dates of service) 'emova Mother requires that No None None Same as abeve 18. CAUSE OF DEATH Enter only one cause per line for (e), (b), end (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchopneumonia cremation, burial-transit DUE TO Conditions, if any, which (b) gave rise to immediate cause DUE TO (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+): 19. WAS AUTOPSY CERTIFICATION hospital PERFORMED? NO YES use prior 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Part II of item 18.) 20e. ACCIDENT WAS UNDERLYING T for OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER detached 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED ! 20e. PLACE OF INJURY (Home, farm, 1 20f. (City or town) (County) (Stete) factory, street, office bldg., etc.) Not While Hour am et work et work p.m DIRECTOR: 21. I certify that (I) (this hospital) attended the deceased from 3-6-62, to......3=5=62....., 19....., that (I) (we) last 19.62, and that death occurred at 3:24, from the causes and on the date stated above. saw the deceased alive on 3-6 22e. SIGNATURE 22b. DATE ATTENDING SIGNED DIRECTOR PHYS. eath. Page 4 PHYS. HOSPITAL page with t 22c. PHYSICIAN'S 22d. ADDRESS NAME 6905 Baltimore Avenue, Cadlege Park, Md. Thomas A. Christensen 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a BURIAL CREMATION, 23b. DATE THEREOF (Stete) REMOVAL (Specify) Lincoln Memorial Cemetery Suitland, Maryland Buria 25a, REC'D BY REGISTRAR | 25b, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) DATE MAR 1 5 '62 without S. Marie 15M 7/61

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ARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 03585 OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceesed lived, If Institution: Residence before edmission) e. COUNTY b. county Prince Georges e. STATE Marricand runce Georges MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest town! filled in Pages 1 days Surtrand d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO Inseli nursing Home, onc. Day Month Year DECEASED (Type or print) DEATH 19609 9. AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthday) Months Days Hours WIDOWED DIVORCED USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) please _= attending and 16. SOCIAL SECURITY NO. 17. INFORMANT Address S. ARMED FORCES? (Yes, no, or unkown) | (Ifyesgivewerordetesofservice Brooks. 7310 PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) geve rise to immediate ceuse (e), stating the underlying couse lest 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT CERTIFICATION PERFORMED? YES NO T 20a. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (State) 20e. PLACE OF INJURY (Home, farm, ' 20f. (City or town) (County) 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED fectory, street, office bldg., etc.) While Not While Hour em et work et work p.m 21. I certify that (1) (this hospital) attended the deceased from.... saw the deceased alive on.... and that death occured at D.M., from the causes and on the date stated above. 22b. DATE 22e. SIGNATURE SIGNED PHYS. DIRECTOR PHYS. FUNERAL M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) ector 23c. NAME OF CEMETERY 23a. BURIAL, CREMATION. (City, town or (Stete) REMOVAL (Specify) 25b. REGISTRAR'S SIGNATURE 25a, REC'D BY REGISTRAR VR A15 (4) 24 FUNERAL DIRECTOR'S SIGNAT Orthur & Thouse APR 6 DATE

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HEALTH DEPT	1	PLACE OF DEATH 2. USUAL RESIDENCE (Whare deceased lived, If institution, Residence before)	re admission)
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director.		write RURAL end give nearest town) Cheverly Upper Marlboro	
lay is for y Board		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	S RESIDENCE ON A FARM?
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ory or 18		Yes W.W. 11 Unknown Betty Brown Same as #2	
in de sit po		18. CAUSE OF DEATH [Enter only one cause par line for (e), (b), end (c).]	
e exe alon trans and		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MYOCARDIAL INFARCTION	
lid ber fice frice val.		Conditions, if any, which (b) CORONARY THROMBOSIS	
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ndin iner iner d as		(e), stefing the underlying cause lest.	
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Writing Children	MEDICAL	Hour a.m. While Not While	(State)
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AL Tiffice of to pt, p		death resulted from: Natural causes Accident , Suicide , Homicide , Undetermined manner	opinion
DIC arde ager		CHIEF MEDICAL EXAMINER	
ME the the forw		ACTUAL SIGNATURE CAMPA DATE	SIGNED
DEPUTY Mease execute should be for FUNERAL. its designate		DEPUTY MEDICAL EXAMINER X 3/3/	62
EPU e ex ould JNE des	22-	NAME (Type) / JAMES I. BOYD, M.D. Address (Street, city, town, or county) 128. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country)	State)
		REMOVAL (Specify)	31010)
40 g		FINERAL DIRECTOR / ADDRESS 24e, REC'D BY REGISTRAR 24b, REGISTRAR'S SIGNATURE	
VS. A15ME 5M 9/60	4	Clina & Hessart H Street, N.E. D. C. DATEMAR 1 2'62 Galling & Kinoma	
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MARYLAND STATE DEPARTMENT OF HEALTH

e. IS RESIDENCE ON A FARM?

YES X NO

1962

IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? NO

> > (State)

22b. DATE

(State)

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FOR STATE HEALTH DEPT Ashould be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be thorsel director. Page 10 FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Resit, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary,

VS. A15ME 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1022 03588

CERTIFICATE OF DEATH MEDICAL EXAMINER'S

	1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)
		a. STATE b. COUNTY
1	b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
П	write RURAL and give nearest town)	C. CHT ON TO WITE IN OUISING COMPONENT HINNING, WITHOUT ROWN, CHILD GIVE HEALTH IN OUISING COMPONENT HINNING, WITHOUT ROWN, CONT. CHILD GIVE HEALTH IN OUISING COMPONENT HINNING, WITHOUT ROWN, CHILD GIVE HEALTH IN OUISING COMPONENT HINNING, WITHOUT ROWN, CHILD GIVE HEALTH IN OUISING COMPONENT HINNING, WITHOUT ROWN, CONT. CHILD GIVE HEALTH IN OUISING COMPONENT HINNING, WITHOUT ROWN, CONT. CHILD GIVE HEALTH IN OUISING COMPONENT HINNING, WITHOUT CONT. CHILD GIVE HEALTH IN OUISING COMPONENT HINNING, CONT. CHILD GIVE HEALTH IN OUISING CONT. CHILD GIVE CONT.
	Laurel Transient	Louisville 55X'5
7	d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give street address)	d. STREET ADDRESS e. 15 RESIDENCE ON A FARM?
	Route 197	3328 Illinois Ave., YES NO N
=	3. NAME OF First Middle	Last 4. DATE Month Day Year
	DECEASED (Type or print)	OF DEATH . 10 -0
-	(il grence J	Bryant March 7th. 762
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B.	DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min.
	Male White WIDOWED DIVORCED N	Joy. 22, 1914 47".
	10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY	Y 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	done during most of working life, even if retired)	
-	Groom Race Track	Arkansas U.S.A.
	TOTAL O TOTAL	14. MOTHER 3 MAIDEN NAME
1	Earl Bryant	Dora Willoughby
	15. WAS DECEASED EVER IN 0.5. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II	
	Yes W.W. 11 Unknown	DFREY F. RUSSMAN 1041 GOSS AVE LOVISVILLE, KY,
2	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]	INTERVAL BETWEEN
	PART I DEATH WAS CAUSED BY.	ONSET AND DEATH
	IMMEDIATE CAUSE (6) Reacture of ski	ull & left knee
	DUE TO crushed chest	& fracture of left clavicle
н	Conditions, if any, which (b)	a liaconic of left clavicie
	gave rise to immediate cause	
Т	(e), steting the underlying cause lest.	
	(6)	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a); 19. WAS AUTOPSY
	FAKI II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATT BUT NO	PERFORMED?
		YES NO X
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 200. EXTERNAL CAUSE WAS PRIMARY TO OF DEATH 201. DESCRIBE HOW INJURY OCCURED. (E) CAUSE OF DEATH	nter neture of Injury in Pert I or Part II of item 1B.)
	CAUSE OF DEATH.	47 a 41 4
	Zoc. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e, PLAN	oile that ran off road CE OF INJURY (Homa, farm, 20f. (City or town) (County) (State)
	Hour Thy While Not While fector	pry, street, office bldg., etc.)
3		Route 197 Laurel P.G. Md.
	21. I certify that I took charge of the remains described above, hel	d an Autopsy , Inspection , Inquiry , and in my opinion
	death resulted from: Natural causes , Accident , Suici	de , Homicide , Undetermined manner
		CHIEF MEDICAL EXAMINER
	ACTUAL O	ASSISTANT MEDICAL EXAMINER . DATE SIGNED
	SIGNATURE JUNES J. JOSÉ	M.D.
,	EXAMINER'S	DEPUTY MEDICAL EXAMINER X 3/8/62
-	NAME (Type) JAMES I. BOYD, M.D	Address (Street, city, town, or county)
1	REMOVAL (Specify)	CREMATORY 22d. LOCATION (City, town, or country) (State)
	Buria 3-12-1962 Cave Hell Co	meters dorusville, Kontucky
-	23. FUNERAL DIRECTOR ADDRESS ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
	W.W. Chambers Coo. Kiverdale, and	MAR 1 4 '62 Cirthur S. House
		DATE

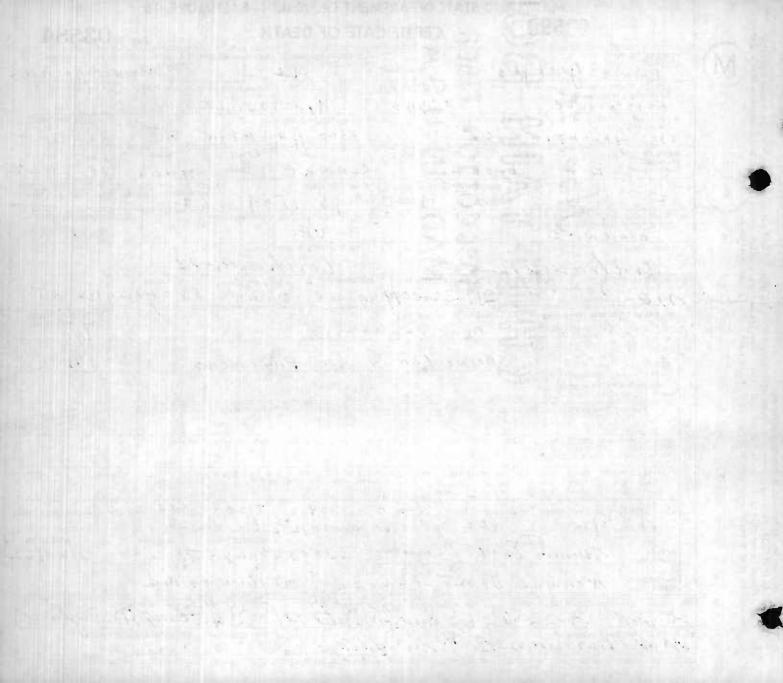
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1		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 03583
the funeral directar, should be filed with	M	1. PLACE OF DEATH o. COUNTY Prince Georges MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before odmission) b. COUNTY Prince Georges
funera uld be	1	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Takoma Park c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
d 2 d 2	X	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 1003 Hopewell Avenue or Institution 1003 Hopewell Avenue or Institution or I
ed in 1 an		3. NAME OF DECEASED (Type or print) Edwin Wyman Campbell 4. DATE Month Doy Yeor DEATH March 15, 1962
campletely papers. Pour, offer deal	I)	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 8. DATE OF BIRTH 9. AGE (In yeors lost birthdoy) Nonths Doys Hours Min. 13 yrs.
א סבב		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) Washing to n, D. C. U.S.A.
ician an e carba ithin 72		13. FATHER'S NAME Clyde B. Campbell Ruth Howe
ng phys remay		15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 100 3 Hopewell Avenue no Clyde B. Campbell—Takoma Park. Marylar
requires that the account is signed by the attending the please is the condition of the condition of the condition of the conditions are remarked.		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave rise to immediate couse (o), storing the under-lying couse lost. (c) INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH (b) DUE TO DUE TO (c)
inding physici icote has bee he burial-trar , crematian,	0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO OF CONTRIBUTING CAUSE OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINER)
ol or otte		20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. p. m. 19 20d. INJURY OCCURRED OF INJURY (Home, farm, 20f. (City or town) (County) (State) foctory, street, office bldg., etc.)
the haspit R: After toched fo		21. I certify that (I) (this haspital) attended the deceased fram Merch 19, 1962, to Merch 15, 1962, that (I) (we) last saw the deceased alive an Merch 14, 1962, and that death accurred at P.M., fram the causes and an the date stated above. 226. DATE 226. DATE
retained by the RAL DIRECTOR: should be detoo	1	22c. PHYSICIAN'S NAME (Type) Have II Heiges 22d. ADDRESS
page 3 the State	20	23a. BURIAL CREMATION, REMOVAL (Specify) Durial . 3/19/62 Cedar Hill Ceme tery ADDRESS 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) 23d. LOCATION (City, town, or county) (Stote) Prince Georges County, Md. 24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25c. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
R A15 (4) ISM 9/59	BI	The S. H. Hines Co2901 14th St., N. W. DATE MAR 19'62 Quiller S. Klaus

, 24 Mas and the second of the The diges of the second of the second Brief Herope M.D Boswattino where a ptic siller Horn. Bey has been under, core of Rubert

03596 CERTIFICATE OF DEATH Reg. Dis 03584 Il director, filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND Prince heonges PRINCE eral b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 pe c. CITY OR TOWN (If outside corporate limits, write RURAL and give neapest town) RURAL and give nearest town) should 344ns HYATTSVILLE VATTSUILLE d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 5300 YES NO TE 5300 MAULAT NAME OF 4. DATE Middle Month Day Yeor OF DEATH DECEASED FLORA CLARK (Type or print) 19 6 MANCH IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 7. MARRIED THEYER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthdoy) Months complete Days Hours WIDOWED | DIVORCED | 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) house WIFE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address 5300 GALLATIN aftending 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o). CARCINOMATOSIS **DUE TO** Adeno CARCINOMA PANCACAS Conditions, if ony, which gove rise to immediate **DUE TO** cause (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO TA 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy. Year 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) Hour o. m. While Not while at work ot work 194 2 that I last saw the deceased 21. I certify that I attended the deceased from and that death accurred at 12 AM, from the causes and an the date stated above. alive an ADDRESS (Street, city or town, stote) ACTUAL MT MAINTER Md PHYSICIAN'S NAME (Type) NER 3 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE MAR 2 3 162 VS A15 (4 Chilling & House 15M 9/SB

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH

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1		MARYLAND STATE D DIVISION OF STATISTICAL RESEARCH AND RECORD	EPARTMENT OF	HEALTH STREET, BALTIMORE 1, M	ARYLAND
		03500	TE OF DEATH	ficate	03586
(M)		PLACE OF DEATH •. COUNTY prince George O Marylan	a. STATE	ICE (Where deceased lived, If institution b. COUNTY Prince	n: Residence before admission)
		b. CITY OR TOWN (if outside corporeta limits, write RURAL and give nearest town)	16 c. CITY OR TOWN	(If outsida corporate limits, writa RURAL	and give neerast town)
rs aff		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	Ri ve r Dale	IS RESIDENCE ON A FARM?
7 hou	3.	Prince Ge or ge Ge ner al Middle	6237	64 Ave	Day Yeer
		(Type or print)	Coborn	DEATH March	25 19 62 ER 1 YEAR IF UNDER 24 HRS.
	F	e maler Wh ite WIDOWED DIVORCED	March 23 19	62. last birthday) Months	Deys Hours Min.
	10a do	e. USUAL OCCUPATION (Give kind of work pine during most of working life, even if retired) None	USTRY 11. BIRTHPLACE (Cour		CITIZEN OF WHAT COUNTRY
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN	NAME	US A
	15. {Ye	Chester Henry Coborn WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 185, no, or unknown) [lifyesgivewerordetesofservice]	7. INFORMANT	Jean Larson Address	
		18. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), end (c).]	Mother	Same	I INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY: Bilateral Pulmona		telectores	ONSET AND DEATH
		Conditions, if eny, which DUE To Congenital Heart (b) 3. Prematurity	Disease (Ventr	cicular septal)	
		geva rise to immediate cause (a), stating the underlying DUE TO		0	
0	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMI	INAL DISEASE CONDITION GIVEN IN PA	ART 1(e) 19. WAS AUTOPSY PERFORMED?
	IFICAT	200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCI	URED. (Enter neture of injury in	Pert I or Pert II of item 18.)	YES NO 1
	L CERTIFI	OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			
	MEDICAL	20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e. While Not While et work et work	PLACE OF INJURY (Home, feri factory, street, office bldg., etc		County) (State)
		21. I certify that (I) (this hospital) attended the deceased from the deceased alive on 3-25 1962, and		1962 to 3-25,	
		220. SIGNATURE Pukins	ATTENDING	PED.M STAFF	22b. DATE SIGNEE
1		22c. PHYSICAN'S	22d. ADDRESS		3/23/62
	23	Dr. John W. Perkins		123d. LOCATION (City, town or co	
S	CI	remation 3-31-62 Prince Geo.	Gen. Hospital	CID BY DECICEDAD OF DECISEDAD	land
(30)		Harry W. Bent Jr., Administrator	DATE DATE	C'D BY REGISTRAR 256. REGISTRAR	S. Phane
			/		

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed livad, If institution: Rasidence before admission) a. COUNTY Maryland Page b. COUNTY files. Prince George's MARYLAND George B LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporeta limits, write RURAL and giva nearest town) director. write RURAL end give nearest town Mitchellville D.O.A. d. STREET ADDRESS a. IS RESIDENCE ON A FARM? ained Ganeral Hospital Prince George's YES NO Route a 3. NAME OF DATE Month Dav 4. Year DECEASED OF Nathaniel Coleman Sylvester (Type or print) DEATH 62 March 10 19 9. AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthday) Months and Hours Male ge 5 m and 2 within Colored WIDOWED [10a. USUAL OCCUPATION (Giva kind of work 12. CITIZEN OF WHAT COUNTRYS Page done during most of working life, aven if retired) 8. Give Pages 1, form PM3. Page District of Columbia L aborer Food File pages 13. FATHER'S NAME any Nathaniel Coleman Elizabeth Gertrude Warner = 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT permit. (Yes, no, or unkown) [(Ifyes giva war or datas of service) and Elizabeth G. Warner, same as no 18. CAUSE OF DEATH |Enter only one causa par lina for (a), (b), end (c). INTERVAL BETWEEN Office along burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: in pencil IMMEDIATE CAUSE (a) DUE TO 20 Conditions, if eny, which used as a bu gave rise to immadiate causa pending DUE TO (a), steting the underlying 3 should be used ior to burial, crem causa lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATION burial PERFORMED? execute the certificate, writing the word Id be forwarded to the Chief Medical E YES Y NO 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 2Db. DESCRIBE HOW INJURY OCCURED, (Entar natura of injury in Pert I or Part II of item 18.) CAUSE OF DEATH. Head on automobile collision Page Pri MEDICAL 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (State) fectory, streat, offica bldg., etc.) et work et work Bowie be forwarded to the RAL DIRECTOR: Road 21. I certify that I took charge of the remains described above, held an Autopsy X. Inspection X. Inquiry X. and in my opinion Undetermined manner death resulted from: Natural causes Accident | Suicide Homicide . CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED FUNERAL SIGNATURE DEPUTY MEDICAL EXAMINER 3/10/62 9 EXAMINER'S NAME (Typa) Addrass (Streat, city, town, or county) shoul James 220 BURIAL CREMATION, REMOVAL (Spacify) 22d. LOCATION (City, town, or country) (Steta) 24a. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VR A15ME arthur S. Kraya 5M 1/62

AND STATE DEPARTMENT OF HEALTH

himself wonth Shings of antendorantes -STELL SERVICE VEWATME . . . Telegraphical alaphanel alaphanel alaphanel Sylvester Mathematel Internal Server 10 Caron E, appose se al District of Contains E. B. B. Taroth J nemef C fair-na' Wide Contraction of the San LES Call-36-465 Lineas of L. Maran , Cara Da Lineas College TAT WEST THE THAT THE LADIE, AT netatillow of themoster no bink The state of the s

03594 funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) a. COUNTY b. COUNTY b. CITY OR TOWN (if outside corporary limits, write RURAL and give nearest town): MARYLAND Mary land Mon tgomery c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) c. LENGTH OF STAY IN 16 Silver Spring Pages 1 heverly d. NAME OF HOSPITAL OF INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? 1000 Daleview Drive Prince George's General Héspital YES NON X 3. NAME OF 4. DATE Month Day DECEASED March 13 62 DEATH (Type or prim COOK REAVILL 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. B. DATE OF BIRTH last birthdey) Famale Months Hours 10/7/1869 WIDOWED 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even it retired) Own Home U.S.A. Housewife 13. FATHER'S NAME 15. WAS DECEASED EVER IN O.S. ARMED FORCES? 16. SOCIAL SECURITY NO.1 (Yes, no, or unkown) | (Ifyesgive wer or detes of service) Harold T Cook Washington D C no none 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUF TO Conditions, if any, which (b) gave rise to immediate cause DUE TO certificate has b or use as the bur (e), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT PERFORMED? 0 NO 20b. DESCRIBE HOW INJURY OCCURED, (Enter netura of injury in Part I or Pert II of item 1B.) 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or lown) (County) (State) 20c. TIME OF INJURY Month, Dev. Year fectory, street, office bldg., etc.) While Not While Hour a.m et work at work 196 2 to 3 - 13 196 Zthat (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from I. 5 19 6 and that death occured at fight. M, from the causes and on the date stated above. saw the deceased alive on..... 22b. DATE 22e. SIGNATURE ATTENDING SIGNED PHYS. 22d. ADDRESS 22c. PHYSICIAN 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) Ft. Lincoln Md. 3/16/62 Colmar Manor, Cremation ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 9/60 Hyattsville, Marylandare MAR 1 9 '62 Francis Gasch's Sons

MARYLAND STATE DEPARTMENT OF HEALTH

301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

DIVISION OF STATISTICAL RESEARCH AND RECORDS.

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Francia Cascala Sons Hyantsville, Marylands del

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filled in by the funeral Pages 1 and 2 should ours after deafth.

24 hours after

requires that the death certificate be executed

MARYLAND STATE DEPARTMENT OF HEALTH

ARYLAND

The state of the s			
IVISION OF STATISTICAL	RESEARCH AND RECORDS,	301 W. PRESTON STREET,	BALTIMORE 1, M
03595	CERTIFICATE	OF DEATH	03

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1. PLACE OF DEAT	тн			2	. USUAL RESIDEN	CE (Where dec			nce before edmission)
	rince Geor	ge	MARYLAN	OT.	a. STATE Mar	vland	b. COUNTY		George
b. CITY OR TOWN	(if oulside corporate lim	its,	c. LENGTH OF STAY IN		c. CITY OR TOWN (I	If outside corpor	rate limits, write R		
Hyattsvi	nd give nearest town)		30 years	6	3 Hyatts vi	lle.			
		if not in ho	spitel, give street eddress)		d. STREET ADDRESS				e. IS RESIDENCE
5512 431	d Place				5512 43rd	Place			ON A FARM?
3. NAME OF	First	-	Middle	- 11	Last	4. DATE	Month	Dey	
(Type or print)	MARGAR	ET		(CULLEN	OF DEATH	March	15,	19 62
5. SEX	6. COLOR OR RACE	7. MARRI	ED NEVER MARRIED	1 8. D	ATE OF BIRTH	9.	AGE (In years IF		
Female	White	WIDOWI			eb. 8, 187	6	last birthday) N	Aonths Days	Hours Min.
10a. USUAL OCCUPA	TION (Give kind of wor	k 10b. k	IND OF BUSINESS OR IND	USTRY	11. BIRTHPLACE (Coun	ity & Stete, or fo	oreign country)	12. CITIZEN	OF WHAT COUNTRY
Housew	working life, even if retire	ed)	Own Home		England			Eng	land
13. FATHER'S NAME				14	. MOTHER'S MAIDEN	NAME			
John Cu	llen				Mary Mo	Partla	n		
	VER IN U.S. ARMED FOI		SOCIAL SECURITY NO.	17. INF		- 010101	Address		
no no, or unkown)	(If yes give wer or detes of		none	Aus	tin J. Cull	en san	ne as #2	(Brot	her)
IB. CAUSE OF	DEATH [Enter only one	cause per	line for (e), (b), end (c).]					111	NTERVAL BETWEEN
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Ase	ter My	und	ral Dufus	ohin			MISET AND DEATH
420	DUE TO	~	1	21-21	01/10				
Conditions, if or		0	man th		lorá		,		11
geve rise to imme	diate ceuse					- 0			
(e), steting the cause last.	underlying	a	rtender	the	= Hent	Dane			years
Z PART II. OTH	ER SIGNIFICANT COND	TIONS CO	NTRIBUTING TO DEATH BU	JT NOT R	ELATED TO THE TERMIN	NAL DISEASE C	ONDITION GIVEN	IN PART 1(a)	19. WAS AUTOPSY
PART II. OTH OFF OFF OFF OFF OFF OFF OFF OFF OFF OF									YES NO
20a. ACCIDENT	WAS UNDERLYING	20b. DE:	SCRIBE HOW INJURY OCC	URED. (E	nter nature of injury in	Pert I or Pert II	of item 1B.)		
OR CONTRIBUTING	G CAUSE OF DEATH Y MEDICAL EXAMINER								
20c. TIME OF IN.	JURY Month, Dey, Ye	er 20d.	INJURY OCCURRED 200		OF INJURY (Home, farm		or town)	(County)	(Stete)
20c. TIME OF IN.		While at wo		fectory	, street, office bldg., etc	.)			
			ided the deceased fr			1050/10	3-15	1067	that (I) (we) las
	Mr.	2	19 6.2, and			4 4			
22e. SIGNATURE				rnar d	earn occured aixv	v.:/vi, irom	the causes at	id ou me d	22b. DATE
226. SIGIRATORE	de 18/1	1	Q			MED.	STAFF PHYS.		SIGNE
22c. PHYSICIAN	Somme	0	gran	M.D.	22d. ADDRESS	//		0	
NAME (Typ		0 0	EDGREA	/	6	typthon	rele, N	W.	
23e. BURIAL CREMA	TION, 236. DATE THE	REOF	23c. NAME OF CEME	TERY OR	CREMATORY	23d. LOCA	TION (City, town	or county)	(Stete)

VR A15 (4)

REMOVAL (Specify)

24 FUNERAL DIRECTOR'S SIGNATURE

Francis Gasch's Sons

Burial

3/19/62

ADDRESS

Hyattsville, Md.

Ft. Lincoln

Md.

Colmar Manor,
250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
CATEBURY S. Thans DATE

1/1/200 03589 . Sile / State / Ele. 5 (Te town) Types enter relied . I skille the 3/19/93 Ft. o'facola Coliner Manuel. Fruncis Caschis Sons Lynttoville, And.

HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed when 24 hours after the Page 4 may be retained by the hospital or attending physician.

FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon appears. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. 例

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 03596 CERTIFICATE OF DEATH 03590

1. PLACE OF DEA						
	Prince George	S MARYLAND	a. STATE	ICE (Whara decaased livad, b. CO	If institution: Rasidan	oce before admission
b. CITY OR TOW write RURAL	N (if outside corporate limits, and give nearest town) Chever ly	c. LENGTH OF STAY IN 16	08 -	(If outside corporata limits, w	rrite RURAL and giva	naarest town)
d. NAME OF HO	SPITAL OR INSTITUTION (if no	t in hospital, giva streat address)	d. STREET ADDRESS			a. IS RESIDENCE
	Georges Gener	And a second sec	690		Road	YES NO
3. NAME OF DECEASED (Type or print)	He len	Middla M	Daigle	OF	Day Day	Yaar 19 62
5. SEX Female		THE TEN MINISTER	May 16, 188	9. AGE (In yas	ers IF UNDER 1 YEAR	
Housewif	e None	10b. KIND OF BUSINESS OR INDUSTRY Own Home	Maine	nty & State, or to gin count	U.S.	A.
Josepl	h Smith		Lydia Je			
	EVER IN U.S. ARMED FORCES: (Ifyas giva wer or dates of service	ta)	nformant njamin J.	Dorgle Sam		
Conditions, if a gave rise to imm (a), stating the causa last.	nadiata causa	cerebrel a ferro		form withefil		1/ years
Ste Re	the well to	109	chopi a	Reak	, , , , , , , , , , , , , , , , , , , ,	PERFORMED? YES NO
E 20a. ACCIDENT	WAS UNDERLYING 20 NG CAUSE OF DEATH IFY MEDICAL EXAMINER)	b. DESCRIBE HOW INJURY OCCURED.	(Entar nature of injury in	Part I or Part II of itam 18.)		
	NJURY Month, Day, Yaar		CE OF INJURY (Home, far- ery, streat, offica bldg., etc.		(County)	(Stata)
20c. TIME OF IN Hour a.r. p.1 21. certify saw the decorate	NJURY Month, Day, Yaar m. 19 y that (I) (this hospital) eased alive on Masa.	While Not While at work at work the deceased from	NOV.	1957, to Hex	240 , 1962, 1	hat (I) (we) la
20c. TIME OF II Hour a.r p. I 21. I certify saw the dece	NJURY Month, Day, Yaar m. 19 y that (I) (this hospital) eased alive on Masa.	while Not While at work at work at work at work at work at tended the deceased from	death occured at 3.	1957 to Harring 1957 to Harrin	240 , 1962, 1	hat (I) (we) la
20c. TIME OF II Hour a.r p. I 21. I certify saw the dece	MJURY Month, Day, Yaar m. 19 That (I) (this hospital) eased alive on Assa Be peur Orman N'S	while Not While at work at wor	death occured at 3. ATTENDING PHYS. 22d. ADDRESS 5 3	1957, to Harring 1957,	240 , 1962, 1	hat (I) (we) la ate stated above 22b. DATE SIGNE

PEARS NO FEATURE NO. SERVE Brown bileconon 80:8 Inslered faraces segues confra a algina office effect A samuel Cigade & administration THE REPORT OF THE PROPERTY OF THE PARTY OF T .C. mareans lie .m. 3/3/62 TENEDED 20/5/8 . varon's cons quitaville, and almost d

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	03597		CERTIFICA	ATE OF DEAT	Н	R	eg. Dist. No	03591
1. PLACE OF DEATH o. COUNTY	in Dear	XC	MARYLAND	2. USUAL RESIDENCE (W o. STATE		ed. If institution: b. COUNTY	0	ore admission)
b. CITY OR TOWN (RURAL ond give n	If outside corporate limeorest town)		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporote		AL and give ne	earest town)
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, s	jive street	oddress)	d. STREET ADDRESS	7			e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Fin		Middle	Lost	4. DATE OF DEATH	Month	0	ay Year
5. SEX	6. COLOR OR RACE	7. MAR	RIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH	880 9.1		UNDER 1 YEA	R IF UNDER 24 HRS Hours Min.
during most of wor	ON (Give kind of work king life, even if retired	done 10b.	. KIND OF BUSINESS OR INDU	STRY LI BIRTHPLACE (Stote	or foreign count	γ)		OF WHAT COUNTE
13. FATHER'S NAME Frederic	ck Dayi	5		14. MOTHER'S MAIDEN I	NAME Labeth	Comy	= 100	
	R IN U. S. ARMED FOR (If yes, give war or dates of s		SOCIAL SECURITY NO. 17.	Ilberta Sla	ter- E	a Address	wine.	Md.
	ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (c		ine for (o), (b), and (c).	Dod en Ven		J		SET AND DEATH
Conditions, if a gove rise to i couse (o), stating lying couse lost.	mmediate (1	inne Carl	Luvesce Res	ne cell	eres Arros	Jan,	year.
CATIO			CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CO	NDITION GIVEN	IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	SCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Port I or Port 11 o	f item 18.)		
20c. TIME OF INJUR Hour o. n. p. m.	Y Month, Day, Ye	While at wor	Not while fo	ACE OF INJURY (Home, form ctory, street, office bldg., etc	n. 20f. (City or 1	own)	(County)	(Stote)
21. I certify the alive an	nat I attended the	deceas _, 19_	sed fram Cent	occurred at 7:30	M, fram th		an the do	aw the decease ate stated abay DATE SIGNI
PHYSICIAN'S NAME (Type)	Richd.	1 1	Hal Dobson		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	ma, In	.O.	
220. BURIAL CREMATIC	ON, 226. DATE THEREC)F	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION	(City, town, or co	ounty)	(Stote)

24a. REC'D BY REGISTRAR

DATE MAR 2 2 '62

24b. REGISTRAR'S SIGNATURE

arthur S. Kinnes

-ADDRESS

VS A15 (4)

23. FUNERAL DIRECTOR'S SIGNATURE

TOTAL STREET		
		Um Sannella
		from the comment of the last
The second section		

FOR STATE

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any sy is necessary, blease execute the certificate, writing the word "pending" in pendil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 m is retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 m the State Department of Health or its designated agent, prior to burial, cremation, or removal, and interpretent within 72 hours after death.

5M 1/62

VR ALSME

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

02502 DICAL EXAMINER'S CERTIFICATE 02592 DEATH

			00000
1. PLACE OF DEATH a. COUNTY		IDENCE (Where decessed lived, If i	/
Prince George's	MARYLAND 8. STATE	sachusetts b. COUN	1
b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town)		OWN (If outside corporete limits, write	RURAL end give neerest town)
Riverdale D.	O.A. Jama	aica Plains	58X-3
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give s	d. STREET AD	DRESS	a. IS RESIDENCE ON A FARM?
Leland Memorial Hospital	3302	Washington Str	eet YES NO DE
NAME OF First DECEASED	Middle East	4. DATE Month	Dey Yeer
(Type or print) Francis W1]	lliam Donald	DEATH March	7th. 19 62
SEX 6. COLOR OR RACE 7. MARRIED NEVEL	R MARRIED 8. DATE OF BIRTH	9. AGE (In years last birthdey)	Months Deys Hours Min.
Mate	DIVORCED May 18th	1. 1922 39 yrs.	
ne during most of working life, even if retired)	SINESS OR INDUSTRY 11. BIRTHPLACE	(Stelle or foreign country)	12. CITIZEN OF WHAT COUNTRY
Exercise Boy Race T	Track Mass	S	U.S.A.
	14. MOTHER'S MA	AIDEN NAME	
William Alexander Donald	Ola Be	eatrice Ready	
WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SEG s, no, or unkown) (Ifyesgivewerordetesofservice)	CURITY NO. 17. INFORMANT	Address	So. Boston, Mas
Yes WW 11 Unknown	own Mrs. Vivis		
18. CAUSE OF DEATH (Enter only one ceuse per line for (e), (b), end (c).)		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Fract	ture of skull &	left knee	ONSET AND DEATH
DUE TO	July of Discret	2020 22100	
Conditions, if eny, which (b)			
gave rise to immediate cause (e), stating the underlying DUE TO			
ceuse lest. (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE CONDITION GIVE	
			YES NO T
208. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING	JURY OCCURED. (Enter neture of injury	in Pert I or Pert II of item 18.)	
CAUSE OF DEATH. Passenger	r in automobile	that ran off r	oad
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCC	CURRED 200. PLACE OF INJURY (Hom	ne, term, ; 20f. (City or town)	(County) (Stete)
9:40 p.m. Mar 7, 19 62 While of work at we	hile fectory, street, office bld Route 19		P.G. Md.
21. I certify that I took charge of the remains desc		Inspection X, Inquiry	
	ent 🔀, Suicide 🗍. Homi		
A Transfer course [], According	<u> </u>	DICAL EXAMINER	anner 🔲
ACTUAL ()			DATE SIGNED
SIGNATURE Jumos).	M.D.	EDICAL EXAMINER	
NAME (Type) TAME T BOYD		EDICAL EXAMINER	3/8/62
BURIAL, CREMATION 22b. DATE THEREOF 22c. NAM	Address (S	Street, city, town, or county) 22d, LOCATION (City, town,	or country) (Steta)
PENOVAL (Specific)	INGTON NATIONAL	- ADING +OLL	1 handers
ELINERAL DIRECTOR		a. REC'D BY REGISTRAR 24b. REGISTRAR	STRAR'S SIGNATURE
N.W. Chambers Co. M.	was data med	, Jan Barran Land, Redi.	OTHER S SIGNATURE
	DA DA	TE MAR 1 5 '62	

SPERMIT anial Depiment For 18.3.C efficients SANTE IN COLUMN CONT. AND DESCRIPTION OF PARTY AND ASSESSMENT OF THE PROPERTY ASSESSMENT OF THE PARTY OF THE Pront Daniel Dennis District Control of the Control women or intrest him binned to be accurate motificial Your Committee of the state of Stanon Tot bruck | A - 1 - 20 - 108 - 108:0 THE REPORT OF STATE OF HOWARD DASTENUITY LIFE MITTEN WITCHEST CHEET CHEET Astronomy of the control of the cont

	EATH				2. USUAL RESIDEN		leceesed lived, If b, COU		dence before	edmi
Prince	George's			MARYLAND	. SIATE Marylan	d		ce Georg	res	
write RUR	OWN (if outside corpor AL and give neerest to	rate limits, own)	c. LE	NGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corp	porete limits, writ	e RURAL and gi	ve nearest to	own)
Chever	-			5 days					1 . 15	DECIDI
	HOSPITAL OR INSTITU				d. STREET ADDRESS					RESIDE A FA
	e George's		al Hos	-	103 Main	The second second second			YES	
3. NAME OF DECEASED		First		Middle	Lest	4. DATE OF	Mont	h D	ey Ye	eer
(Type or print)		James			Dorsey	DEATH	i Mar	oh 2	19	9 62
5. SEX	6. COLOR O	R RACE 7. M	ARRIED X	NEVER MARRIED	B. DATE OF BIRTH	19	AGE (In yeers last birthdey)			
Male	White		OWED	DIVORCED T	About 1883		79 7 yrs.	Months Day	s Hours	M
10a. USUAL OC	CUPATION (Give kind	of work 1	Ob. KIND OF	BUSINESS OR INDUST		inty & State, or	foreign country	12. CITIZEN	OF WHAT	COU
done during most	of working life, even	if retired)	Dage II.	anna Masala		va	7		1	
Groot 13. FATHER'S NA		I	tace H	orse Track	14. MOTHER'S MAIDEN		land	U.S.	.A.	
111111111111111111111111111111111111111										
IE WAS DECEN		rick Do		L CCCLINITY	Unkno	own				
	SED EVER IN U.S. ARM wn) (Ifyasgive werord			L SECURITY NO. 17.	INFORMANT		Addres	s		
Unknow			Unkno	own	Hosp.					
18. CAUSE	OF DEATH Enter o	nly one ceuse	per line for	(e), (b), end (c).)					INTERVAL B	SETWE
	if ony, which	(b)	C	VA = co	rebral vasc	ular a	ccident			
gave rise to (a), stetling ceuse lest.	if eny, which immediate cause tha underlying	(b) DUE TO (c)	C CONTRIBUT		rebral vasc) 19. WAS	AUTO
gave rise to (a), stetling ceuse lest,	if eny, which immediate cause tha underlying	(b) DUE TO (c)	C CONTRIBUT						19. WAS PERI YES	AUTO FORME NO
gave rise to (a), steting ceuse lest, PART II. 20a. ACCIDE OR CONTRIB (IF EITHER, N	if eny, which immediate cause tha underlying	(b)		ING TO DEATH BUT N		INAL DISEASE	CONDITION GIV		PERI	FORME
gave rise to (a), stetling ceuse lest. PART II. PART III. 20a. ACCIDE OR CONTRIB (IF EITHER, N	if eny, which immediate cause tha underlying of the significant of the	(b) DUE TO (c) CONDITIONS G	. DESCRIBE H	ING TO DEATH BUT N HOW INJURY OCCURE OCCURRED 200. PL	OT RELATED TO THE TERM	Pert I or Pert	CONDITION GIV		YES	NO
gave rise to (a), steling ceuse lest, PART II. 20a. ACCIDE OR CONTRIB (IF EITHER, N Hour 21. Cert	if eny, which immediate cause the underlying of the significant of the underlying of	(b) DUE TO (c) CONDITIONS G	DESCRIBE H 20d. INJURY While N at work	HOW INJURY OCCURE OCCURRED 200. PL of While et work he deceased from	OT RELATED TO THE TERM D. (Enter neture of injury it	Pert I or Pert rm, 20f. (Cit	CONDITION GIV	(County)	YES T	NO (Ste
QUEVE THE CONTRIBUTE OF CONTRI	if eny, which immediate cause tha underlying OTHER SIGNIFICANT INT WAS UNDERLYIN UTING CAUSE OF IOTIFY MEDICAL EXA IF INJURY Month, a.m. p.m. ify that (I) (this deceased alive on IURE	(b) DUE TO (c) CONDITIONS G	DESCRIBE H 20d. INJURY While N at work	HOW INJURY OCCURE OCCURRED 200. PL of While et work he deceased from 19	D. (Enter neture of injury in ACE OF INJURY (Home, factory, street, office bldg., et	Pert I or Pert rm, 20f. (Cit	CONDITION GIV	(County)	YES That (I)	(Steller) (We ted all 2b. D.
gave rise to (a), steling ceuse lest, PART II. 20e. ACCIDE OR CONTRIB (IF EITHER, N Hour 21. cert saw the d 22e SIGNA 22c FHYSIC NAME	if eny, which immediate cause the underlying of the significant of the underlying of	(b) DUE TO (c) CONDITIONS G	DESCRIBE H	HOW INJURY OCCURE OCCURRED 200. PL of While et work he deceased from 19	D. (Enter neture of injury in ACE OF INJURY (Home, factory, street, office bldg., et toath occured a 2 ATTENDING PHYS. 22d. ADDRESS 5510 Me	Pert I or Pert Trm, 20f. (Cit 19.62 to 125A, from MED. DIRECTOR [condition given the last of them 18.) by or town) march march staff PHYS.	(County) .2, 19.62 and on the	YES THAT (I) date state	(Ste (we ted al 2b. D. SI
gave rise to (a), steling ceuse lest, PART II. 20e. ACCIDE OR CONTRIB (IF EITHER, N Hour 21. cert saw the d 22e SIGNA 22c, PHYSIC NAME	if eny, which immediate cause tha underlying OTHER SIGNIFICANT INT WAS UNDERLYIN UTING CAUSE OF IOTIFY MEDICAL EXA FINJURY Month, a.m. p.m. ify that (I) (this eccased alive on TUBE IAN'S (Typ)r. Albeit	(b) DUE TO (c) CONDITIONS G	20d. INJURY While Net work attended the 2	HOW INJURY OCCURE OCCURRED 200. PL of While et work he deceased from 19	D. (Enter neture of injury in ACE OF INJURY (Home, factory, street, office bldg., etc.) Fo.b. 25	Pert I or Pert Trm, 20f. (Cit 19.62 to 25A, from MED. DIRECTOR [23d. LOC	CONDITION GIVING TOWN) If of item 1B.) If yor town) March The causes STAFF PHYS.	(County) (County) (County)	YES THAT (I) date state	NO (Stet

MARYLAND STATE DEPARTMENT OF HEALTH

frem TO LITH

24 hours after

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with 24 hours a TL JNERAL DIRECTOR. After this certificate has been signed by the attending physician and concept the fundamental director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon certs. Pages 1 and 2 should be filed by the sile better this certain to burial transit permit. Then please remove carbon certs. Pages 1 and 2 should be detached for use as the burial transit permit. Then please remove carbon certs after dealth.

VR A15 (4) 15M 9/60

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 03600 funeral 24 hours after 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence before admission) COUNTY COUNTY MARYLAND OR TOWN (If outside corporate limits, write RURAL and give nearest lown) OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY write RURAL and give nearest town) .⊑ ' filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street didrass) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO 3. NAME OF First Middle DATE Dey OF DECEASED (Type or print) DEATH 19 6 2 3 0 9. AGE (In yeers | IF UNDER 1 YEAR 5. SEX 6. COLOR OR RACE DATE OF IF UNDER 24 HRS. 7. MARRIED LANEVER MARRIED last birthday) Months Min. WIDOWED DIVORCED physician ove USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) MOTHER'S MAIDEN NAME EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. I 17. INFORMANT Address (Yes, pa, or unkown) (If yes give war or detes of service) INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one couse line for (e), (b), end (c) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) burial-transit DUE TO Conditions, if any, which (b) geve rise to immediate cause DUE TO (e), stating the underlying ceuse lest. the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+) 19. WAS AUTOPSY ATION PERFORMED? as 0 NO hospi use 2De. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) Por OR CONTRIBUTING CAUSE OF DEATH 20d. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) (Stata) 20c. TIME OF INJURY Month, Day, Year fectory, street, office bldg., etc.) Whila Not While Hour a.m. et work et work 19 20 19.6-2 that (I) (we) last 21. I certify that (1) (this hospital) attended the deceased from..... alive on. DIREC 3 should 22b. DATE 22a. ATTENDING MED. STAFF SIGNED PHYS. DIRECTOR PHYS. M.D. page with th FUNERAL 22d. ADDRESS NAME (Type) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stete) REMOVAL (Specify) 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE. VR A15 (4) 15M 9/60

RYLAND STATE DEPARTMENT OF HEALTH

BANGER ESTANT SE LEWE TELL STREET ALCE TRACK - MORE TO SERVICE OF THE WARRENCH - THE ART TO SERVICE OF THE PROPERTY OF THE PROPE MINESTER SEED SEED STORY OF THE SEED STORY OF TH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) a. COUNTY b. COUNTY e. STATE by the and 2: death. MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) write RURAL end give nearest town filled in Pages 1 hours after d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS 3. NAME OF Middle DATE 4. Month DECEASED OF (Type or print) DEATH wou 5. SEX 6. COLOR OR RACE B. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED and lash bighday) Months WIDOWED EMIA DIVORCED physician 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (County & Stete, or foreign country) done during most of working life, even if retired) TOUSEW113 M: the control of the strength of the burial-transit permit. Then please relate burial-transit permit. Then please relate burial-transit permit. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES Address (Yes, no or unkown) | (If yes give were rdates of service 1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Conditions, it any, which gave rise to immediate cause DUE TO (e), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART CERTIFICATION 20e. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING _ CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, Month, Day, Year 20f. (City or lown) factory, street, office bldg., etc.) While Not While Hour e.m. et work et work p.m. 1962 to J/March, 1962 that (1) (we) last 21. | certify that (I) (this hospital) attended the deceased from 15 More. may be r 19.6.2. and that death occurred at 3.1...M. from the causes and on the date stated above. saw the deceased alive on... SIGNATURE ATTENDING DIRECTOR PHYS. M.D. me. PHYSICIAN'S 22d. ADDRESS NAME (Type 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City town or county) 23a. BURIAL, CREMATION, 23b.

VR A15 (4) 1SM 7/61

requires that the death certificate

24 FUNERAL, DIRECTOR'S SIGNATURE

ADDRESS

REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE arthur S. Firance

e. IS RESIDENCE ON A FARM? YES NO

Yeer

19

Hours

INTÉRVAL BETWEEN 5 MING TES

> WAS AUTOPSY PERFORMED?

> > NO

(State)

22b. DATE

(Stete)

SIGNED

YES

(County)

Days

IF UNDER 24 HRS.

MAR 2 7 DATE

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RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE MEDICAL EXAMINER'S 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution; Residence before edmission) e. COUNTY e. STATE b. COUNTY Prince George's files. Prince MARYLAND Maryland b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) director. write RURAL and give neerest town) Cheverly Bowie d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. 15 RESIDENCE ON A FARM? Prince George's Ganeral Hospital 8th and Maple Avenue YES NO 3. NAME OF Middle 4. DATE DECEASED the Michael DEATH March Duckett Dwayne (Type or print) 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 9. AGE (In yeers | IF UNDER 1 YEAR | IF UNDER 24 HRS. DATE OF BIRTH last birthday) Months Hours Male Colored Dec. 9, WIDOWED within DIVORCED pue 10a. USUAL OCCUPATION (Give kind of work 11. BIRTHPLACE (State or foreign country) 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? Page done during most of working life, even if retired) h form PM3. Pag Maryland S None None File pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Evelyn Duckett Ivory Cooper 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address permit. (Yes, no, or unkown) | (If yes give wer or detes of service) pue Office along with burial-transit perm same as # 2 Evelyn Duckett, None no 18. CAUSE OF DEATH [Enter only one couse per line for (e), (b), end (c).] or removal, INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Pneumonia in pencil IMMEDIATE CAUSE (a) DUE TO Conditions. (b) 0 0 geve rise to immediate cause "pending" DUE TO as (e), steting the underlying 3 should be used cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION burial, PERFORMED? Medical NO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Part II of item 18.) PRIMARY [] or CONTRIBUTING [prior CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, '20f. (City or town) (County) (State) fectory, street, office bldg., etc.) While Not While Hour e.m. et work et work DIRECTOR: should be forwarded to the FUNERAL DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection -Inquiry to and in my opinion Suicide Undetermined manner death resulted from: Natural causes Accident Homicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER 3/11/62 EXAMINER'S James I. Boyd NAME (Type) DEP Address (Street, city, town, or county) Health 9986 220. BURIAL, CREMATION, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) REMOVAL (Specify) 0 LINCOLN MEM. CEMETERY SUITLAND VR A15ME DATE WAR 1 5 '62 arthur & Krous 5M 1/62(

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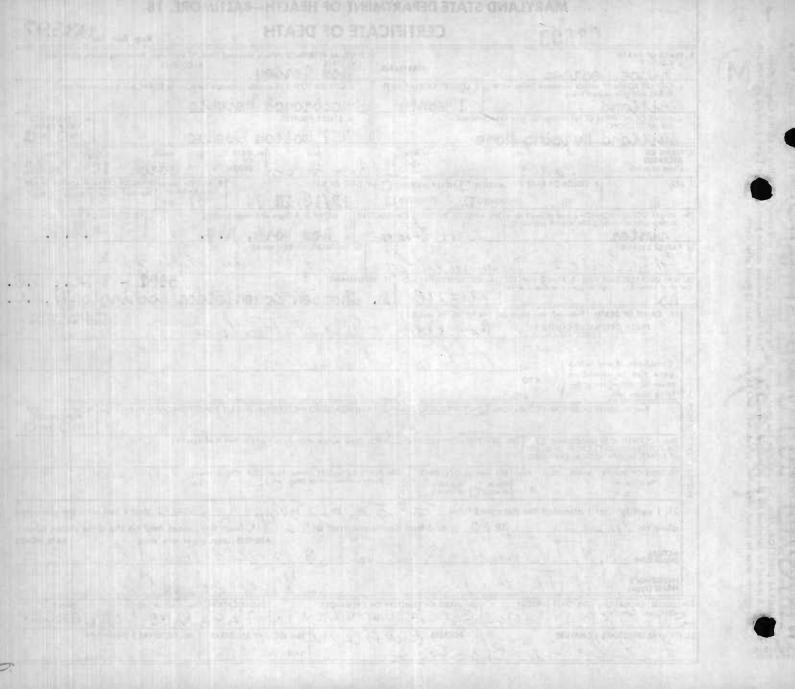
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5. SEX 6. COLOR OR RACE 7. MARRIED DIVORCED DIVORCED DIVORCED 12/16/71 74 9. AGE (In years of blast) If UNDER 1 YEAR IF UNDER 2. Months Days Hours of Described on the working most of working life, even if refired PAMATOL 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? If yes, give wor or dotes of service) 16. SOCIAL/SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), stoling the under: DUE TO Conditions, if ony, which gove rise to immediate (b) TO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTO- PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTO- PERFORME YES OR CONTRIBUTING CAUSE OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINER) 200. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINER)			03603		CERTIF	ICA.	TE OF DEATH		Reg	. Dist. No. 035	597
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) SHALL COMMON (If outside corporate limits, write RURAL and give nearest town) SHALL COMMON (If outside corporate limits, write RURAL and give nearest town) SHALL COMMON (If outside corporate limits, write RURAL and give nearest town) ANAME OF HOSPITAL (If not in hospital, give street address) J. NAME OF DESTRUCTION (If not in hospital, give street address) J. NAME OF DESTRUCTION (If not in hospital, give street address) J. NAME OF DESTRUCTION (If not in hospital, give street address) J. NAME OF DESTRUCTION (If not in hospital, give street address) J. NAME OF DESTRUCTION (If not in hospital, give street address) J. NAME OF DESTRUCTION (If not in hospital, give street address) J. NAME OF DESTRUCTION (If not in hospital, give street address) J. NAME OF DESTRUCTION (If not in hospital, give street address) J. NAME OF DESTRUCTION (If not in hospital, give street address) J. NAME OF DESTRUCTION (If not in hospital, give street address) J. NAME OF DESTRUCTION (If not in hospital, give street address) J. NAME OF DESTRUCTION (If not in hospital, give street address) J. NAME OF DESTRUCTION (If not in hospital, give street address) J. NAME OF DESTRUCTION (If not in hospital, give street address) J. NAME OF DESTRUCTION (If not in hospital, give street address) J. NAME OF DESTRUCTION (If not in hospital, give street address) J. NAME OF DESTRUCTION (If not in hospital, give street address) J. NAME OF DESTRUCTION (If not in hospital, give street address) J. NAME OF DESTRUCTION (If not in hospital, give street address) J. NAME OF DESTRUCTION (If not in hospital, give street address) J. NAME OF DESTRUCTION (If not in hospital, give street address) J. NAME OF DESTRUCTION (If not in hospital, give street address) J. NAME OF DESTRUCTION (If not in hospital, give street address) J. NAME OF DESTRUCTION (If not in hospital, give street address) J. NAME OF DESTRUCTION (If not in hospital, give street address) J. NAME OF DESTR	6	COUNTY	201020		MARYL		Q STATE			sidence before admiss	ion)
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OR INSTITUTION SOLITATION SO		NAME OF HOSPITA	L (If not in hospital.	give street	oddress)			revyrvvs		e. IS RESI	DENCE
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(Yes, no. or unknown) (If yes, give wor or dates of service) More S. Thomson Eckenfelder Washington 27.	3. 7	ATHER'S NAME	rick	9-6	mbelde	ח	14 MOTHER'S MAIDEN NAME	ah. Co	ney	er_	
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	E 2	No. ACCIDENT WAS	UNDERLYING	20b. DESC	TRIBE HOW INJURY OCC	CURRED.	(Enter nature of injury in Port I	or Part II of item	18.)		
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. 19 of work of wo	3 6	IF EITHER, NOTIFY	MEDICAL EXAMINER)								
Hour a.m. While Not while foctory, street, affice bldg., etc.)	₹ 2		Month, Doy, Ye	ar 20d. IN	JURY OCCURRED 2	Oe. PLAC	E OF INJURY (Home, form, 20)	f. (City or town)		(County)	(State)
	AED		19			foctor	ry, street, office bldg., etc.)				
			. 1 . 1 . 1 . 1	1	- / /	party.	= 10/15 M	. 0	12.		
21. I certify that I attended the deceased from 120 5. 7. 1962 to 11 att 9,, 1962, that I last saw the dec		MA	it I attended the	decease		27-2	7-4	'/			
alive on 11 (1) 19 12, and that death occurred at 1 1/45 HM, from the causes and an the date stated of	0	alive on 1416	M-4	112_6	and that d	death o					
ADDRESS (Syfeet, city or town, stote) ACTUAL ADDRESS (Syfeet, city or town, stote) DATE:		CTUAL ()	317	1	11.		ADDR	ESS (Spreet, city of	r town, stotel	d DA	TE SIGNE
SIGNATURE M.D. 2/17-UUG. USU D.C.		IGNATURE	I. Mu	Mu	cicus	M.I	o. 2/12-6	ua. u	NO		
PHYSICIAN'S J. H. 1/3/ / DAJEAV. Wash 20 DC.	S	HYSICIAN'S	411	1/20	2011		Was	1200	90		
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DEMOVAL (Specify) = 13 -1010 CEO. WACHINGTON MEM PK DADA ILIGE WELL EDS	220.	BURIAL, CREMATION	1, 226. DATE THERES				CREMATORY 22d.	LOCATION (City	tawn, or cour		
	220. I	BURIAL, CREMATION REMOVAL (Specify)	3-13-		GEO, WASH		ON MEM. PK 7	PARA	NUS,	NEWNER	



h. If any delay is necessary, the funeral director, Page HEALTH DELT.
The State Department of hours after deaft.

ages 1 and 2 with the State aver within 72 hours after

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. clease execute the certificate, writing the word "pending" in pendil in Item 18. Give Pages 1, 2, and 10 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 m TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with 1

VR A15ME 5M 1/62

Health or its designated agent, prior to burial, cremation, or removal, and in any

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 03598

	1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If institution: Re	sidence before edmission)
	Prince George's MARYLAND	e. STATE b. COUNTY	
7	b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town) c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and	ce George s
Λ	Riverdale D.C.A.	52 College Park, Mobile	Homes
1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
9	Leland Memorial Hospital	1 5th Street	YES NO
	3. NAME OF First Middle	4 5th Street	Dey Yeer
	(Type or print) Louis John E	hrler DEATH March	20 19 62
		DATE OF BIRTH 9. AGE (In years IF UNDER 1)	0.7
		Inch high days	eys Hours Min.
1			EN OF WHAT COUNTRY?
3		nt Missouri	S. A.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	~ ·
	Louis J. Ehrler	Lottle UNKNOWN	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II (Yas, no, or unkown) (Ifyesgivewerordetesofservice)		sots Ave SI
		na Marie Esrich, Washington	
	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	na marie Borion, nashing von	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) Acute congestiv	e heart foilure	ONSET AND DEATH
	DOUE TO	o near-o rarrare	
Ħ	Conditions, if any, which) (b) Myocardosis		
	geva rise to immediate cause		
	(a), steting the underlying Cause lest.		
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	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO Cirrhosis of the liver 20s. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH.		PERFORMED?
	Cirrosis of the liver 208. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED. (E.	nter neture of injury in Pert I or Pert II of item 18.)	I IE LI NO LX
	PRIMARY OF CONTRIBUTING CAUSE OF DEATH.		
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE	CE OF INJURY (Home, ferm, 2Df. (City or town) (Count	y) (State)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE Month 19 Fector 1	ry, street, office bldg., etc.)	
	21. I certify that I took charge of the remains described above, hel	d an Autopsy , Inspection , Inquiry ,	and in my opinion
	death resulted from: Natural causes X Accident , Suici		and in my opinion
H	A	CHIEF MEDICAL EXAMINER	
	ACTUAL ()	ASSISTANT MEDICAL EVALUATED	DATE SIGNED
7	SIGNATURE JUMES I VON	M.D.	
X	NAME (Type)	Address (Street, city, town, or county)	32
	220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR		(State)
	BANANO 3-23-62 Cedas full C	em - Suitland Mo	ryland
	23. FUNERAL DIRECTOR / D ADDRESS / (240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIG	NATURE
X	W.W. Ehumber Too Kiverdale, 4	MAR 23 '62 archur	S. Kraug
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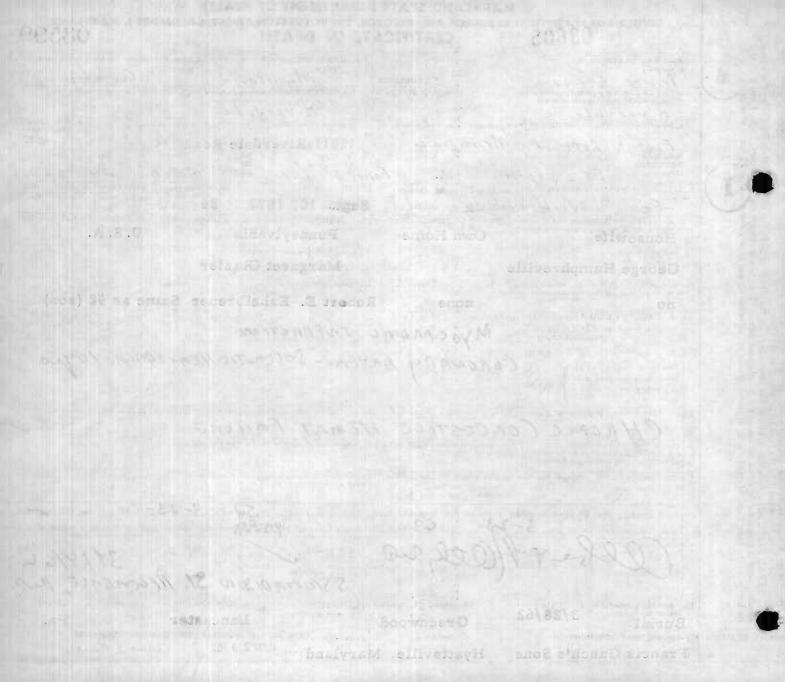
MARYLAND STATE DEPARTMENT OF HEALTH	
PIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, M 03605 CERTIFICATE OF DEATH	03599

1-			
1	PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If institut	
1	Prince George MARYLAND	o. STATE Mary Land b. COUNTY	Cours for Georg
1	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lown)	c. CITY OR TOWN (If outside corporate limits, write RURA	
	Riverdale	65 Hiverdale	
	d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
-	Eugene Lelant Memorial	4811/Riverdale Road Street	YES NO NO
1	3. NAME OF First Middle DECEASED	Last 4. DATE Month	Day Yeer
	(Type or print) Elizabeth M. Est	helbrenner DEATH March	24 1962
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B	B. DATE OF BIRTH 9. AGE (In years IF UN	
		Sept. 10, 1877 84 yrs.	
	done during most of working life even if setired)		2. CITIZEN OF WHAT COUNTRY?
L	Housewite Own Home	Pennsylvania	U.S.A.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	George Humphreville	Margaret Glazier	
	(Yes, no. or unknown) (If yes give we ror dates of service)	INFORMANT Address	THE RESERVE
	no none R	Robert E. Eshelbrener Same	as #2 (son)
ľ	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]		INTERVAL BETWEEN ONSET AND DEATH
ı	PART I. DEATH WAS CAUSED BY: MYG CARDIAL	- INFANCTION	ONSET AND DEATH
l			
	Conditions, if any, which > (b) CORONARY AR	TENCO- Selenetic Himatois	SCASO 1040.
	gave rise to immediate cause (
	(a), stating the underlying DUE TO		HIP OF HIER
	z cause last. (c)	TO THE TEDANNAL DISEASE CONDITION GIVEN IN	PART 1/a/1 10 WAS ALITORSY
1	O I I D OUG CO CONDITIONS CONTRIBUTING TO DEATH BUT NO	Inn y Falling	PERFORMED?
	E CHILONCE CONCESTICE K,		YES NO
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO COURSE OF DEATH BUT NO COURSE	D. (Enter neture of injury in Pert I or Pert II of item 18.)	
		ACE OF INJURY (Home, farm, ' 20f. (City or town)	(County) (State)
li	Hour e.m. White Not While	tory, street, office bldg., etc.)	(**************************************
ľ			
l	21. I certify that (I) (this hospital) attended the deceased from.		
ŀ	saw the deceased alive on 3-3-19-4 and that	death occured at 2.55 from the causes and	on the date stated above.
ŀ	220/SIGNATURED () 10/1/10/20 10	ATTENDING MED. STAFF	22b. DATE
ŀ	1 Clark Williams M	A.D. ATTENDING DIRECTOR PHYS.	3/24/62.
	22c. DHYSICIAN'S	22d. ADDRESS	
l	NAME (Type)	551000000 ST. 1110	ennall, lun
3	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or	county) (State)
	Burial 3/28/62 Greenwood	Lancaster	Pa.
1	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a, REC'D BY REGISTRAR 25b. REGISTRA	AR'S SIGNATURE
		laryland DATE MAR 2 9 '62 Cuther	or S. Kraus
41		CLL VICLILL SOLL	

pletely filled in by the funeral rear papers. Pages 1 and 2 should within 72 hours after death. in 24 hours after TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed self. Page 4 may be retained by the hospital or attending physician.

FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 h

VR A15 (4) 1SM 7/61



301 W. PRESTON STREET, BALTIMORE 1, MARYLAND PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edinission) e. COUNTY b. COUNTY Prince George's Maryland b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) write RURAL and give neerest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) STREET ADDRESS e. IS RESIDENCE ON A FARM? 3704 35th Prince George's General Hospital YES TO NO TA NAME OF DECEASED DATE Year OF (Type or print) DEATH 62 Farson Guy 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthdey) Months WIDOWED X December Male 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired Retited Maryland Insurance agent U. S. A. 13. FATHER'S NAME Samuel Farson Isabelle Virginia Young 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16, SOCIAL SECURITY NO. | 17. INFORMANT 1826 Kingsway Road (Yes, no, or unkown) | (Ifyes give wer or dates of service) Mrs Elsie A. Martin, Baltimore, Md. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Cerebrovascular accident IMMEDIATE CAUSE (e) DUE TO Cardiovascular renal disease Conditions, if env. which gave rise to immediate cause DUE TO (e), stating the underlying ceuse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 19. WAS AUTOPSY PERFORMED? NO T 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18,) 20e. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY Month, Dey, Yeer 20d, INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) fectory, street, office bldg., etc.) Not While et work et work 21. I certify that I took charge of the remains described above, held an Autopsy , Inspection Inquiry X and in my opinion Suicide [death resulted from Natural causes * Accident Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE March 25, 1962 should be FUNER! DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county) 22c. NAME OF CEME 220. BURIAL, CREMATION, 22d. LOCATION (City, town, or country) 0 VR A15ME DATE MAR 3 0 '62 5M 1/62

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RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE LAMARYI Division of STATISTICAL 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence before edmission) a. COUNTY b. COUNTY Howard files. funeral director. Page Maryland Prince George's b. CITY OR TOWN (if outside corporate limits, MARYLAND c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) write RURAL and give nearest town) for your Laurel d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, Can straet address) d. STREET ADDRESS State Boar e. IS RESIDENCE ON A FARM? Pine Lane, Pfisters Mobile YES NO TX George's General Hospital Prince 4. DATE DECEASED OF the (Type or print) Albert Herman Fenrich DEATH hours after 62 19 March 6. COLOR OR RACE 7. MARRIED NEVER MARRIED S. SEX 9. AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. 56 irthday) Months Days 20,1905 October DIVORCED Mole | White | USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Stata or foreign country) 12. CITIZEN OF WHAT COUNTRY? " in pencil in Item 18. Give Pages 1, 2 Office along with form PM3. Page done during most of working life, avan if retired) U.S.A. Building Minnesota Carpenter within 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Fenrich Marie Lubenow Fred File event 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yas, po or unkown) (If yes give was or dates of service) Eleanor Katherine Fenrich, same as 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN I-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Acute congestive heart faibure and IMMEDIATE CAUSE (a) DUE TO removal, burial certificate should Coronary artery disease Conditions, if any, which (b) geva rise to immediate cause "pending" Examiner's (DUE TO (a), steting the underlying cremation, o causa lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? ease execute the certificate, writing the word should be forwarded to the Chief Medical EUNERAL DIRECTOR: Page 3 should be its designated agent, prior to burial crematic NO 2De. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Part II of item 18.) PRIMARY [] or CONTRIBUTING [] CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ' 2Df. (City or town) (State) fectory, street, office bldg., etc.) While Not While et work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry X and in my opinion MEDICAL Natural causes X death resulted from: Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY DEPUTY MEDICAL EXAMINER 3/1/62 EXAMINER'S NAME (Type) Address (Street, city, town, or county) 22a. BURIAL, CREMATION, 22b. DATE THERE 22d. LOCATION (City, town, or country) o 0 REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. AISME assimus S. France

YLAND STATE DEPARTMENT OF HEALTH

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ARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence before edmission) a. COUNTY b. COUNTY Prince Georges MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 write RURAL and give nearest town .E T. Chever ly - ok Pages 3 davs Silver Springs d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) a. IS RESIDENCE d. STREET ADDRESS ON A FARM? YES NO Prince Georges General Hospital 8402 pletely Manches ter Road 3. NAME OF 4. DATE DECEASED OF (Typa or print) DEATH Geraldine March 18 19 62 Fitez 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX B. DATE OF BIRTH last birthdey) Months Devs Hours White 14 July 1906 55 yrs. Female WIDOWED DIVORCED 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, aven if retired) Teacher SCHOOL MARYLAND U. S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME MINNIE B. STAMBAUGH JOHN DAVID FITEZ 15. WAS DECEASED EVER IN U.S. ARMED FORCES? requires that the 16. SOCIAL SECURITY NO. 17. INFORMANT 931 Ray Rd. Hyatts. Md. (Yas, no, or unkown) | (If yas giva war or dates of service) Christoper DeFrancisci INTERVAL BETWEEN 18. CAUSE OF DEATH [Entar only one cause per line for (a). ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) the burial-transit DUF TO Conditions, if any, which gava rise to immediata cause DUE TO (a), stating the undarlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(m) 19. WAS AUTOPSY CERTIFICATION as PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Part I or Part II of itam 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING [] CAUSE OF DEATH DIRECTOR: Affer In. (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stata) 20c. TIME OF INJURY Month, Day, Year factory, straat, offica bldg., atc.) While Not Whila Hour a.m. at work at work D. m 19.6.0 to 31.1.8 196.0 that (1) (we) last 3/19/6 219 and that death occurred at 2.30A Hom the causes and on the date stated above. saw the deceased alive on... 22b. DATE 22a, SIGNATUR SIGNED ATTENDING MED. STAFF DIRECTOR FUNERAL PHYS. 3-20-62 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Dr. Leon Levitsky., M.D. ector, R.I.Ave. Mt Rainier. Md. 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stata) REMOVAL (Specify) Blue Ridge Cemetery MARYLAND Burial 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Callins ADDRESS WASH. D.C. 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 7/61 3821 14TH. ST. N.W. DATE MAR 2 0 162 arthur & Krous

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY a. STATE b. COUNTY Prince George | 8 MARYLAND c. LENGTH OF STAY IN 1b write RURAL and give nearest town) D.O.A. Baltimore Cheverly D.O.A.

d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) . IS RESIDENCE ON A FARM? YES NO 110 Leslie Prince George's General Hospital NAME OF ret the DEATH (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) 1, 2, and ge 5 may and 2 w Months WIDOWED [JANUARY, 4, 1899 Male 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 1Db. KIND OF BUSINESS OR INDUSTRA ve Pages 1, 2, PM3. Page done during most of working life, even if retired) Radio-television Poland Salesman 13. FATHER'S NAME Jacob Flagman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Rudolph (Yes, no, or unkown) | (If yes give war or dates of service) Office along with Helen Frances Flagman, same 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute congestive heart failure DUE TO Cardiovascular renal disease gave rise to immediate cause DUE TO execute the certificate, writing the word "pendin, Id be forwarded to the Chief Medical Examiner' (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.) 19. WAS AUTOPSY PERFORMED? NO 20a. EXTERNAL CAUSE De tes 281 10 RIBLO 51 JURY OCCURED. (Enter nature of injury in Part I or Part II of Itam 18.) PRIMARY | or CONTRIBUTING | 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, 2Df. (City or town) (State) 20c. TIME OF INJURY Month, Day, Year factory, streat, office bldg., etc.) Whila Not Whila et work at work 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection X. Inquiry X and in my opinion Undetermined manner Natural causes X Accident Suicide Homicide death resulted from: CHIEF MEDICAL EXAMINER ner DIBoya ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED FUNERAL DEPUTY MEDICAL EXAMINER 3/29/62 o BOYD, M.D. NAME (Type) DEPL Address (Street, city, town, or county) shoul 22c. NAME OF CEMETERY OR CREMATORY 22a, BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or country) REMOVAL (Specify) 0 April 2, 1962 Gardens of Faith Baltimore, Maryland Berial 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23 FUNERAL DIRECTOR arthur & Kround VR A15ME Sol. Levinson & Bros Inc. 60lo Reisterstown Road DATE APR 4 5M 1/62

1-31 and a month a legited south 2 7AMARY, 1, 7 899 43 Daniel Televiled-olone selle III 10041V. BA DEST (AND DE SEMENTE DE LE CONTROL DE LE THE LOUIS STATE OF THE STATE OF 18/1/2/13 contact three three dealers of facts Sec. Levision & Sage Inc. - 6000 Velster Louis Road - wee a

RESTON STREET, BALTIMORE 1, MARYLAND funeral 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission) 1. PLACE OF DEATH e. COUNTY e. STATE b. COUNTY by the MARYLAND b. CITY OR TOWN (if outside corporeta c. CITY OR TOWN (If outside corporete limits, write RURAL and give ne write BURAL end give neerest town Pages 1 ⊇. TAL OR INSTITUTION not in hospitel, give street IS RESIDENCE ON A FARM? 3. NAME OF DATE DECEASED OF (Type or print) DEATH 5. SEX 6. COLOR OR RAG AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED lest birthdey) and Months Deys Hours WIDOWED 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTR' le, or fogeign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 13. FATHER'S NAME MOTHER 15. WAS DECEASED R IN U.S. ARMED FORCES? (Yes, no, or unkown) (Ifyas give war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which (b) geva rise to immediate causa DUE TO (e), stating the underlying ceuse lest. the t buri ATION PART II. OTHER SIGNIFICANT CONDITIO UTOPSY hospital ORMED? as o NO CERTIFIC, 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Parl I or Part II of itam 18.) OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, Dev. Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm,) 20f. (City or town) (County) (Stete) factory, street, office bldg., etc.) While Not While Hour e.m. et work at work 19 21. I certify that (I) (this hospital) attended the deceased from..... deceased alive on. 22b. DATE 22e. SIG TURE ATTENDING MED STAFF SIGNED DIRECTOR PHYS. PHYS. n. Page 4 22d. ADDDES: MAME (Type) 23d. LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY (State) Ē ADDR 2 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60 when S. Thank

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301	MARYLAND STATE DEPARTMENT OF HEALTH
100	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
- GP	03611 CERTIFICATE OF DEATH U36U5
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ours the fu	FIRINGE CEPTRIFFE MARYLAND DENNING LL, 10 FRIEND
by the and deatl	b. CITY OR TOWN (if outside corporete limits, write RURAL end give neerest town) c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town)
in b	Chill TOR 35 met CARNEGIE 75X.3
lled age	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS o. IS RESIDENCE ON A FARM?
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and and be	6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH WIDOWED DIVORCED 10/15/37 Hours Min. Months Day Hours Min.
0	100. USUAL OCCUPATION (Give kind of work 10b. KIND, OF BUSINESS, OR INDUSTRY_11. BETHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
hysician remove any ever	COUNTY PROPERTY ASSESSOR Y GOVE ALLEGHENY, PA. U.S.A.
ph)	13. FATHER'S NAME
ding ding oleas nd i	TAMES G, GAMBLE WIZZIE MILLAR
ten I	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT SON Address (Yes, no, or unlown) (Ifyesgivewarordelesofservice)
nover	NO - TAMES GAMBLE 1/2/1N TON, MQ.
ss the sign.	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] PART I, DEATH WAS CAUSED BY:
quire	IMMEDIATE CAUSE (a) / AAN / / / / / / / / / / / / / / / / /
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hosp certif r use prior	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. PERFORMED? PERFORMED. PERFORMED
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The School	20c. TIME OF INJURY Month, Dey, Yeer 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, ferm, 2Df. (City or town) (State) While Not While State (Fine bldg., etc.)
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Dep	21. I certify that (I) (this hospital) attended the deceased from
AT Pe	saw the deceased alive on
OF DIRECTOR OF STATE	220. SIGNATURE 220. SIGNATURE ATTENDING ATTENDING ATTENDING PHYS. DIRECTOR PHYS. 3/33/63
AL AL	22c. PHISICIAN'S 22d. ADDRESS
Pag IER Wit	NAME (TYPO) FRIHUR SHAVER TIK. BRANCH AVE, CLOINTON, HD.
HOS The chor.	230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)
000000000000000000000000000000000000000	Burat mar 31-62 Charteers Cemeter Carregel, pa.
VR A15 (4)	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 258. RECTO BY REGISTRAR 256. RESISTRAR'S SIGNATURE
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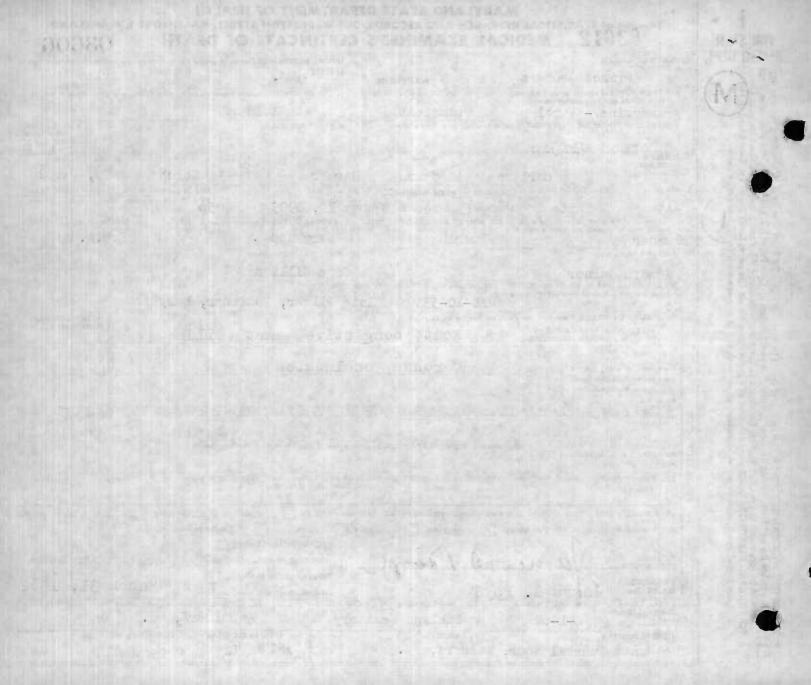
FOR STATE HEALTH DEPT If any delay is necessary, the funeral director. Page retained for your files. he State Board of Health, the State Board TOEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any de se execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 is to the second be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. d

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 03612 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 03606

	1. PLACE OF DEATH		2. USUAL RESIDENCE	CE (Where deceased livad, If instit	utlon: Rasidence batore edmission)
	e. COUNTY Prince Georges	MARYLAND	e. STATE Md.	b. COUNTY	Charles /
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I	f outside corporeta limits, write RUF	RAL end giva naerast town)
	Brandywine - Rural	Transient	Wa	aldorf	08X.2.
1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp	ital, giva streat address)	d. STREET ADDRESS		. IS RESIDENCE
	Dobson Clinic				ON A FARM? YES NO K
	3. NAME OF First	Middla	Last	4. DATE Month	Day Yaar
	(Type or print) Carlton	Edward	Garner	DEATH March	30, 1962
ı	5. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED X 8	DATE OF BIRTH	1 1 1 1 1 1 1 1	NDER 1 YEAR IF UNDER 24 HRS.
1	Male White WIDOWED	<u></u>	May 10, 1905	50 yrs.	nths Days Hours Min.
/	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if ratired)	ND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	Plumber	umbing	Maryland		U.S.A.
ŀ	13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
	Edward Garner		Jane Willia	ams	
1	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. 5	OCIAL SECURITY NO. 17. I		Address	
1	(Yas, no, or unkown) (Ifyasgivewerordetasofservica)	-10-5350 Els	sie Wilmer. R	aulkner, Maryla	nd
	18. CAUSE OF DEATH [Enter only one cause per lin		, , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , , ,	INTERVAL BETWEEN
Н	BART, L DEATH WAS CAUSED BY:		a melidania. Tana		ONSET AND DEATH
1	IMMEDIATE CAUSE (a)	Acute cong	estive nea	rt failure	
Ц	DUE TO				
	Conditions, if eny, which (b)	Coronary o	cclussion		
1	gava rise to immadiate ceuse DUE TO				
H	(e), stelling the underlying				
	[0]	RIBUTING TO DEATH BUT NO	T RELATED TO THE TERMIN	AL DISEASE CONDITION GIVEN IN	V PART 1/a): 19 WAS ALITORSY
	€				PERFORMED?
	E 20 EVTERNAL CALIET WAS 201 DESCRIP	THOU WILLIAM OCCUPIED OF	A	1 0 111 (1) 40 1	YES NO
	PART II. OTHER SIGNIFICANT CONDITIONS CONTO	E HOW INJURY OCCURED. (E	ntar neture of injury in Part	I of Part II of Itam 18.)	
H	20c. TIME OF INJURY Month, Dey, Year 2Dd. IN		CE OF INJURY (Home, ferm,		(County) (Steta)
1	20c. TIME OF INJURY Month, Dey, Year 2Dd. IN Hour e.m. While at work	Not While factor	ory, streat, offica bldg., atc.)		
	21. I certify that I took charge of the rema		d an Autopsy ,	Inspection XX Inquiry	k and in my opinion
	death resulted from: Natural causes X,	Accident , Suici	de , Homicide	, Undetermined manne	
	1		CHIEF MEDICAL E		
	ACTUAL ()				
1	SIGNATURE JAMES	11 don	M.D. ASSISTANT MEDI		DATE SIGNED
1	EXAMINER'S Sames I. Boyd	0	DEPUTY MEDICAL		arch 31, 1962
1	NAME (Type) James 1. Boyd 22e, BURIAL, CREMATION, 226. DATE THEREOF	2c. NAME OF CEMETERY OR		22d. LOCATION (City, town, or c	
	Burial 4-1-62	Oakland Ceme		Waldorf, Md.	(0.000)
1	23. FUNERAL DIRECTOR	ADDRESS		D BY REGISTRAR 246. REGISTRA	AR'S SIGNATURE
1	The Huntt Buneral Home, Wai	ldorf, Md.	DATE		S. Kraus
4			IDAIE		

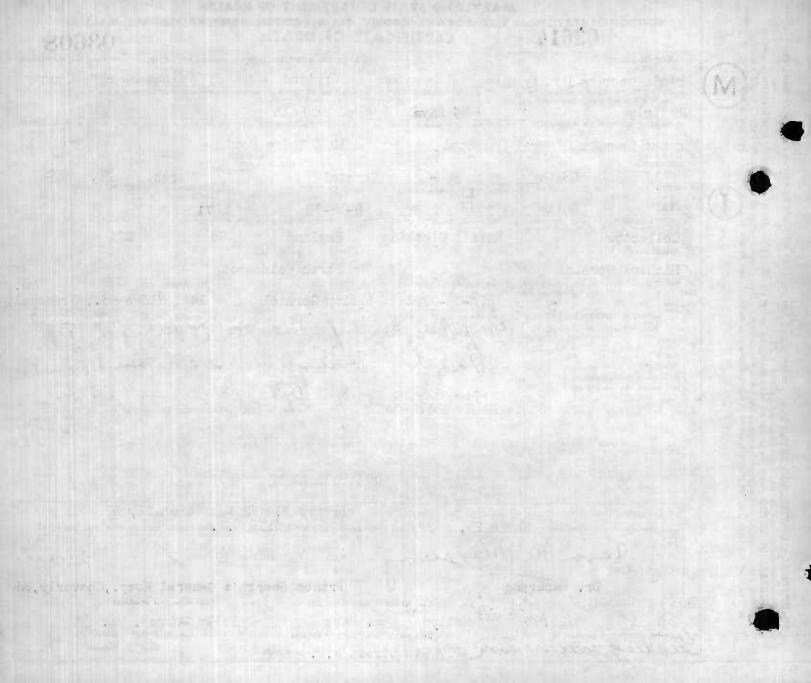


DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 03613 CERTIFICATE OF DEATH funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before edmission) e. COUNTY b. COUNTY by the land 2 death. Prince Georges MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest lown) write RURAL end give neerest town) month and .= -Clenn Dale (rura) Washington 6 days d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 503 L. St., N.W. Glenn Dale Hospital YES NO-3. NAME OF Middle Lest DATE Month Yeer 7 DECEASED (Type or print) DEATH Gates 19 Mary 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 24 HRS. B. DATE OF BIRTH 9. AGE (In yeers | IF UNDER 1 YEAR and lest birthday) Days Hours Min. Female Negro WIDOWEDS DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) Ga. Unknown Unknown 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending Then please Unknown Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (If yes give wer or dates of service) Mrs. Boatman, caseworker Unknown 1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 6 days Bronchopneumonia, bilateral IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which geve rise to immediate cause DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION Generalized arteriosclerosis; rectal stricture due to lymphopathia PERFORMED? NO prior YESTY chronic pyelonephritis 20e. ACCIDENT WAS UNDERLYING DE CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Pert II of item 18.) beda After t MEDICAL 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stete) I may be retained by DIRECTOR: After 3 should be detact fectory, street, office bldg., etc.) While Not While Hour e.m. at work at work 21. I certify that (I) (this hospital) attended the deceased from.......2/19/.....6. 1862 to 3/25/ 1962, that (I) (we) last saw the deceased alive on.... 22e. SIGNATURE 22b. DATE SIGNED ATTENDING DIRECTOR X PHYS. eth. Page 4 PHYS. M.D 22c. PHYSICIAN'S 22d. ADDRESS Clenn Dale Hospital NAME (Type) Moe Weiss, M.D. Glenn Dale, Md. or, 23d. LOCATION (City, town or county) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (State) 23a, BURIAL, CREMATION, REMOVAL (Specify) 3-30-1962 Harmony Memorial Park Burial Huntsville. ADDRESS REGISTRAR'S SIGNATURE VR A15 (4) FUNERAL DIRECTOR'S SIGNATUR 15M 7/61

MARYLAND STATE DEPARTMENT OF HEALTH

COMEO The transmission of the following of the first to the

11		211131011	03614	CERTIFICA	TE OF DEAT	ON STREET, BALT ' H	03	608
1)	P	. CITY OR TOWN (i	es County	MARYLAND	aryland		ounty ince George	s County
7		heverly	give neerest town) AL OR INSTITUTION (if	not In hospital, give street eddress)	67creenhelt			e. IS RESIDENC
	3.	rince Geor	ges General	Pospital Middle	14 Z Ridg		Nonth Dey	YES NO Y
ı		DECEASED (Type or print) SEX	Louis		erstel		rch, 25,	1962 IF UNDER 24 HRS
		ale USUAL OCCUPATI		WIDOWED DIVORCED 106, KIND OF BUSINESS OR INDUST	4-12-90	last birthd	Months Deys	Hours Min.
	do	Collector	rking life, even if retired	Retail Clothing	England		USA	T WHAT COUNT
		Michael G			14. MOTHER'S MAIDEN			
	15. (Ye	WAS DECEASED EVE s, no, or unkown) (H	ER IN U.S. ARMED FORCE yesgive wer or detes of ser	vice)	INFORMANT Lilian Gerste		dress Z Ridge Rd.	Mo , Greenbe
		Conditions, if eny geve rise to immedia (a), stating the uncause last.	ate ceuse DUE TO (c)_	Conglituri ker Paget Sarcoma	Disease of left	o SC. 10 ul sarcis 1 fermin	notous de	generalistases, was autops
	CERTIFICATION	20a. ACCIDENT WA		ONS CONTRIBUTING TO DEATH BUT N	V			PERFORMED?
	MEDICAL C	20c. TIME OF INJU Hour e.m.			ACE OF INJURY (Home, fer ctory, street, office bldg., etc		(County)	(Stete)
	h		hat (I) (this hospitaled alive on	l) attended the deceased from LCA, and the	February 9,	19.62, toar55, FroMahe caus	ch. 25, 1962, the ses and on the da	ite stated abov
		22a. SIGNATURE	mm.	madarany	M.D. PHYS.	MED. STAFF DIRECTOR PHYS.		3 - 16 -e
1		22c. PHYSICIAN'S NAME (Type)	Dr. Madaran			orge's Gener		
	23-	BURIAL, CREMATI	ON LOOK DATE THERE	OF 23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City	, town or county)	(Stete)



W. PRESTON STREET, BALTIMORE 1, MARYLAND pinous 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission e. COUNTY b. COUNTY PRINCE PRINCE MARYLAND 12 th b. CITY OR TOWN (if outside corporete limits c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest town) SPRING-S 1 DAY d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? SUITLAND ROAD LISAF HOSPITTAL ANDREWS WASH 25 YES NO 3. NAME OF 4. DATE Month DECEASED DEATH (Type or print) GEORGE GORDON 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS 8. DATE OF BIRTH Months Devs Hours MALE DIVORCED WIDOWED [10a. USUAL OCCUPATION (Give kind of work BIRTHPLACE (County & State, or foreign country) 1 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) FALLS MASS. RET- ARMY HADLEY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME OLIVER ADELE (NATTILE) GORDON GORDON MORIN 16. SOCIAL SECURITY NO. 17. INFORMANT MRS. JUNE GORDON SVITLAND 4919 18. CAUSE OF DEATH [Enter only one couse per line for (e), (b), end (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which geve rise to immediate cause DUE TO (e), steting the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE ACCIDENT WAS UNDERLYING OR CONTRIBUTING & CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 26d/INJURY OCQUERED | 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Dey, Year factory ? street, office bldg., etc.) While Not While et work et work saw the deceased alive on... 22e. SIGNATURE 22b, DAJE, ATTENDING PHYS. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S WILLIAM K GROVE, Capt USAF MC USAF HOSP, ANDREWS AIR FORCE BASE, MD 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23e. BURIAL, GREMATION, 23b. DATE THEREOF REMOVAL (Specify) 250. RECO BY REGISTRAR 256. REGISTRAR & SIGNATURE ADDRES VR A15 (4) HAMBERS CO. 15M 9/60 Wash. D.C. DATE

MANUEL STREET WELFER DESCRIPTION OF THE PROPERTY OF THE PROPER SHELL SHE commente desertion of Peter Com O Combin religion to 3 The Trace Trevens & contrations (3) Element the wind of the first of the will reduce to the wind 24 March 22 march 200 and 200 WILLIAM X CROYS, CAPE USAN NO USAN HOSP, ANDRING MIN MUNICE BARK, NO SUKIAL MAN 28, 1844 Helington National Country Bringley Higgins MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 03610

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before edmission)
Prince Georges MARYLAND	e. STATE Maryland b. COUNTY Montgomery
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Chever ly 4 days	Bethesda 151.00
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address)	d. STREET ADDRESS e. IS RESIDEN
Prince Georges General Hospital	9807 River Road ON A FAR
NAME OF first Middle DECEASED	Last 4. DATE Month Dey Yeer
(Type or print) Clara HALL	Gordy DEATH March 20 1962
6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HR
Female White WIDOWED TO DIVORCED	30 Sept. 1885 76 yrs. Months Days Hours Min
Da. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDU	JSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNT
None HouseWife	
3. FATHER'S NAME	MARYLAND U.S.A,
	1
ELISHA HALL	TIEN TITEL TO
5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 Yes, no, or unkown) (Ifyes give were relates of service)	T. INFORMANT MULLIKIN 7601 WALTERS LANE WAS RUTH MULLIKIN 7601 WALTERS LANE
NO NONE N	DISTRICT HOHIS, MD
18. CAUSE OF DEATH Enter only one caysopper line for (e), (b), end (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	He of tailine ONSET AND DEATH
DUE TO CONTRACTOR	Fic Carles Vasala Disens
Conditions, if eny, which gave rise to immediate cause	
(e), stating the underlying DUE TO	
cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED?
	YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 200. ACCIDENT WAS UNDERLYING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING COULD CONTRIBUTION TO DEATH OF CO	JRED. (Enter neture of injury in Pert I or Pert II of item 18.)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	PLACE OF INJURY (Home, farm, † 2DI. (City or town) (County) (State)
Hour s.m. While Not While	factory, street, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased from	om3-16
saw the decased alive on 3-20 19 62, and the	hat death occured al.2. O.5. A. Hom the causas and on the date stated ebo
220. SIGNATURE	22b. DATE
Deugann & le en	M.D. PHYS. DIRECTOR PHYS. 3- 21- C
22c. PHYSICIAN'S	22d. ADDRESS
NAME (Type) Dr. Benjamin S. Peoson	70 H halons take Dist All.
3a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	RY OR CREMATORY 23d. LOCATION (City, town or county) (State)
BELLOVAL ISmailed	
	COLN (SEMETERY BLADENSBURG, MD
4 FUNERAL DIRECTOR'S SIGNATURE DADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
W. W. Chamber 60, Diverdate,	DATE MAR 2 3 '62 Orthun S. Phone

FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and cletch filled in by the funeral carector, page 3 should be defached for use as the burial-transit permit. Then please remove carb capers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed VR A1S (4) 1SM 7/61

24 hours after

O. LONGO TO THE PROPERTY OF TH		31350
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tild and specially transmit is		A THIRD IN SHOULD NOT THE REAL PROPERTY.
		The stage seal that had

24 hours after TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed when 24 the chair.

"Suff. Page 4 may be retained by the hospital or attending physician.

"UNERAL DIRECTOR: After this certificate has been signed by the attending physician and plately filled in by carector, page 3 should be detached for use as the burial-transit permit. Then please remove carbo. Pages 1 and be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any fevent, within 72 hours after dept. VR A15 (4) 15M 7/61

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OCCUPANTION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OCCUPANTION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OCCUPANTION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OCCUPANTION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OCCUPANTION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OCCUPANTION OCCUPANTI CERTIFICATE OF DEATH 03611

1,	PLACE OF DEATH			2. USUAL RESIDENCE (Where	decessed lived, If institution: R	desidence before edmission)		
Prince Georges MARYLAND				b. COUNTY Prince Georges				
-	b. CITY OR TOWN (if o		c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside co		e Georges		
	write RURAL and gi	ve nearest town)	c. LLINGTH OF STAT IN ID	c. Citt Ok 10 WI4 (ii obiside co	orporete timins, write KUKAL end	give nearest town;		
	Ch	everly	31 days	Aquasoo				
	d. NAME OF HOSPITA	L OR INSTITUTION (if not In hos	pital, give street eddress)	d. STREET ADDRESS		a. IS RESIDENCE		
	Prince	Georges Gener	al Hospital			YES NO		
3.	NAME OF DECEASED	First	Middle	Last 4. DATE	Month	Dey Yeer		
	(Type or print)	James		Grav OF DEAT	H March	28 19 62		
5.	SEX 6	S. COLOR OR RACE 7. MARRIE	D NEVER MARRIED [] 8	DATE OF BIRTH	March 90 AGE (In years IF UNDER 1	60		
	Male	Black WIDOWE		atober 17, 1875	9 AGE (In years IF UNDER 1 Months I	Deys Hours Min.		
10	B. USUAL OCCUPATION	N (Give kind of work 1Db. KI	IND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (County & State.	or foreign country) 12. CITI	ZEN OF WHAT COUNTRY?		
de	one during most of working	ng life, even if retired)		DCID M	rigland			
13.	FATHER'S NAME			14. MOTHER'S MAIDEN NAME	ryland			
	FI. I	B :: M - 1	n	T . D	1 -			
15	-award 1	Jenjinan (oray	coanna Jo	491935			
	WAS DECEASED EVER	IN U.S. MRMED FORCES? 16.	SOCIAL SECURITY NO. 17. I	NFORMANT	Address	A 4 1		
			1	elphinia (prav	Uguasco	. Md.		
	18. CAUSE OF DEA	TH [Enter only one cause per li	ine for (e), (b), end (c),]		0,74400	I INTERVAL BETWEEN		
	PART I. DEATH V	WAS CAUSED BY:	000	2.		ONSET AND DEATH		
	IM	MEDIATE CAUSE (0)	sunciron	memono	L			
	1277	DUE TO						
	Conditions, if any,	which (b) H	SCV					
	geve rise to immediate	cause				-		
	(e), steting the under	arlying DUE TO	210 17	·T				
	cause lest.) (c) S	en 141	1 9				
Z	PART II. OTHER SI	GNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEAS	E CONDITION GIVEN IN PART			
ATI						YES NO TO		
E C	200. ACCIDENT WAS	UNDERLYING THE 1 20h DESC	CRIRE HOW INTURY OCCURED	(Enter neture of injury in Pert I or Part	t II of item 18)			
CERT	OR CONTRIBUTING [CAUSE OF DEATH	CRIDE 110 W HOURT OCCURED.	temor horaro or migry in ron ron ron	1 0 10 10 10 . ,			
Y	20c. TIME OF INJURY	Month, Dey, Yeer 20d. I	NJURY OCCURRED 200. PLA	CE OF INJURY (Home, farm, 1 2Df. (C	lity or town) (Cour	nty) (Stete)		
ĕ	Hour e.m.	While	THE WALLES	ory, street, office bldg., etc.)				
X	p.m.	19 et worl	et work	2/.	2/8	Λ		
	21. I cartify tha	t (I) (this hospital) attend	gd the deceased from	0// 1962-10	0 0/10 , 190	Q, that (I) (we) last		
	saw the deceased	alive en 3/28	19 62 and that	death occured at 2.00AMo	om the causes and on t	he date stated above.		
	22e. SIGNATURE	1 / /2		1		226. DATE		
	100	11.		ATTENDING MED.	STAFF	2/2 SYSYSY		
	- acce	- ace	sneed w		PHYS.	0/ 57/62		
	22c. PHYSICIAN'S NAME (Type)	(22d. ADDRESS				
	D	r. David S. Cla	yman	6311 Baltimore	Ave., Riverdal	e, Maryland_		
230	BURLAL CREMATION	, 23b. DATE THEREOF	23c. NAME OF CEMETERY		CATION (City, fown or county			
	REMOVAL (Specify)	3/21/12	John War	leu Agi	uncan Mar	11and		
	FUNITRAL PURPORADIO	SICHATURE A	John Viles	60	ISTRAR 25b. REGISTRAR'S	CHATURE		
44	FUNERAL DIRECTOR'S	SIGNATURE (ADDRESS	25a. REC'D BY KEGI	IN ZOD, REGISTRAK SYS	DIGINATURE		
	Leonal -	I relson	M wascall	anyland DATE 3/27/06	6 2 162	Sunt S. Haus		
-					10/11	A, / COLUM		

I of attorned farm of acceptable longitude Rr. David B. Clayers | Bill palming lyn., Birthur, The state of the s

		DIVISION	OE STATISTIC		YLAND STAT ARCH AND REC				ITIMOPE 1	MADVI	ND	
1			3618	DAL KESE			OF DEATH		ETIMORE I	03	612	
M)		 LITY OR TOWN 	George's	te limits,	MAR	YLAND	e. STATE Marylane c. CITY OR TOWN		b. COUNTY Prince	George	S	ission)
77		Cheverly d. NAME OF HOS		ION (if not in	37 hrs.4 hospitel, give street ede	OMin.	d. STREET ADDRESS	City th Avenue			e. IS RESID ON A FA	ARM?
	3.	NAME OF DECEASED (Type or print)	I	First Baby Gi	Middle .rl	Gr	last	4. DATE OF DEATH	Month March	Dey 1 12	Yeer 1962	
	5.	SEX	6. COLOR OR	RACE 7. MA	RRIED NEVER MARR	IED X B. D	DATE OF BIRTH	9. A	GE (In yeers IF		IF UNDER 24	
	F	emale	White		WED DIVORC		3-10-62	10:	yrs.	onths Deys	1 1	Min.
	do	ne during most of v	ATION (Give kind o working life, even i	of work f retired)	b. KIND OF BUSINESS C	OR INDUSTRY		unty & State, or fore	ign country)	12. CITIZEN O		
1	13.	FATHER'S NAME				14	. MOTHER'S MAIDE	N NAME				
T)		Earl Gr	eer				Bobbie	Louise W:	ilson			
	15.	WAS DECEASED E	VER IN U.S. ARME	D FORCES?	16. SOCIAL SECURITY	NO. 17. INF	FORMANT		Address			
	1	,, .,,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Mother		Same a	s above		
		18. CAUSE OF	DEATH [Enter on	ly one ceuse p	per line for (e), (b), end	(c).]	110 01101			INT	ERVAL BETWE	
	z	Conditions, If engeve rise to imme (e), stelling the ceuse last.	ny, which diete ceuse underlying	(c) (3)	Prematurity Cephalohem	natoma	RELATED TO THE TER/	MINAL DISEASE CON	IDITION GIVEN	IN PART 1(e) 1	9. WAS AUTO	OPSY
2	CERTIFICATION		WAS UNDERLYING		DESCRIBE HOW INJURY						PERFORM YES NO	ED?
		OR CONTRIBUTIN	IG CAUSE OF D	EATH (INER)								
	MEDICAL	20c. TIME OF IN. Hour e.m.		W	Dd. INJURY OCCURRED While Not While work et work		OF INJURY (Home, far, street, office bldg., c		lown)	(County)	(Ste	ite)
			that (I) (this I	nospital) at	tended the deceas	ed from3	eath occured at.	19.52 to 3		, 196.2, 1 d on the da		
		220. SIGNATURI	erry &	ouns	Lerg	M.D.	ATTENDING PHYS.		STAFF PHYS.		22b. D S	ATE
		22c. PHYSICIAN		rry Ros	semberg		1210 Chil	lum Manor	Rd. Wes	t Hvatt	sville	. Md
1												
1	230		(TION, 23b. DAT	E THEREOF	23c. NAME OF		CREMATORY Hospital		on (City, town y, Mary)	or county)	(Stete	

2 13000 A SECOND PROPERTY OF THE BEAUTY OF THE PARTY 31 mag, 100 mg, 100 mg Malan Mar Sale | Tall not lettered a course out its month reluct eladonor. carry on occurry to 1210 Shalling London att., togo tyeng wildin, Mi. roughlot - 1-1994 / Fine Coo. Ten. Capture of the original

ARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 03619 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) a. COUNTY b. COUNTY Prince George's MARYLAND Warvland Prince George's b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest lown) by write RURAL end give nearest town) Cheverly Brentwood 20 days d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 3804 Windom Road Prince George's General Hospital YES NOW NAME OF Last 4. DATE Month DECEASED OF (Type or print) Gladvs Hamilton March 13 DEATH 1962 6. COLOR OR RACE 7, MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) warate Months Female 11-12-1900 WIDOWED DIVORCED T 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most/of working life, even if retired 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 1 17. INFORMANT (Yes, no, or unkowh) | (Ifyesgive war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTÉRVAL BETWEEN ONSET AND DEATH ART I. DEATH WAS CAUSED BY Congestive heart failure 1 month IMMEDIATE CAUSE (e) Fibrinous pericarditis mon th DUE TO Mitral stenosis Conditions, if eny, which geve rise lo immediate cause Chronic Rheumatic Heart Disease DUE TO unkn own (e), steting the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION PERFORMED? Lobar pneumonia (left upper lobe -- causative organism undetermined) YES X NO T 200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) 20c. TIME OF INJURY 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm. Month, Dey, Yeer 20f. (City or town) (County) (Stete) factory, street, office bldg., etc.) While Not While Hour e.m. et work et work 21. I certify that (I) (this hospital) attended the deceased from 3-13 19.62 and that death occurred at 1:25, from the causes and on the date stated above. saw the deceased alive on...... 220. SIGNATURE MED. ATTENDING DIRECTOR PHYS. PHYS. HOSPITAL 22c. PHYSICIAN'S ADDRESS 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) 258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 7/61 DATE

and a responsible to the 1000HT 1810 SBO- Varidom Ford of duve 11-1:00 State of the state Congressive heart avideognou florings periodditte Delagnose Invilu a meet fraul alvahoed of se B (Senteredate melauro evilantap--oddl v go stol) sinking radel 3/13/02 DAVID S. CLATHAN 634 Parts are Riverday Med A Company Downson ARREST THE THE SERVICE STATE OF THE SERVICE STATE O

1 END STATE	Division of STATISTICAL RESEARCH AND RECORDS,	PARTMENT OF HEALTH 301 W. PRESTON STREET, BALTIMORE 1, M.	ARYLAND
HEALTH DEDT	00000	CERTIFICATE OF DEATH	3614
r. Page files. Health,	Prince George's MARYLAND	2. USUAL RESIDENCE (Where decessed lived, If institution: Research STATE Maryland b. COUNFrince	e George's
sctor. Pagour files.	b. CITY OR TOWN (if outside corporete limits, write RURAL end give neerest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and	give neerest lown)
director.	Cheverly 11 days	6 East Riverdale	
delay ineral di neral di re Boar h.	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) Prince George's General Hospital	6317 Kenilworth Avenue	e. IS RESIDENCE ON A FARM? YES NOT
e fur stain Sta Jeat	3. NAME OF First Middle DECEASED	Last 4. DATE Month OF	Dey Yeer
the the	(Tune as a sight)	cbaugh DEATH March 1	7 19 62
with saft	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.		
er d an 2 v	Female White WIDOWED DIVORCED 1	Nov. 15,1871 90 yrs.	ys Hours Min.
Page 5, 2, Page 5 s 1 and n 72 h	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Table Control of the	N OF WHAT COUNTRY?
ges Pa es 1	Clerk Retired	Maryland U.	S. A.
24 houve Page PM3. P pages within	13. FATHER'S NAME	4. MOTHER'S MAIDEN NAME	
I File Giv	Charles Harbaugh 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN	Mary Jane Warren	
\$ 00 C = 6 T	(Yes, no, or unkown) (Ifyesgive werordelesofservice)		
tem 18. with for with for with for permit.	no 212-10-3293 Challe. CAUSE OF DEATH (Enter only one cause per line for (e), (b), end (c).	arles Seay, same as # 2	INTERVAL BETWEEN
nd be exect in pencil in ffice along rial-transit val, and in	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Congestive heart Due to		ONSET AND DEATH
ficate shou vending" is miner's O ed as a bu	Conditions, if eny, which geverise to immediate ceuse (e), steling the underlying cause lest. (b) Generalized arter (b) Generalized arter (c)		
s certii	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT Fracture of the left hip	RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(PERFORMED? YES NO XX
101 pp 112	206. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING Fell out of bed Each Cause of Death.	er natura of injury in Part I or Part II of item 18.)	
KAMI , writ ne Ch Page rr to k	S D O D D O D D O D D O D D D D D D D D	6the office bldg., etc.) East Riverdale	P. G. M
icate, to the prior	21. I certify that I took charge of the remains described above, held		and in my opinion
Sertified ded ded ded ded ded ded ded ded ded	death resulted from: Natural causes , Accident , Suicide		
MEDICAL EX the the certificate forwarded to it I DIRECTOR: ated agent, prio	ACTUAL SIGNATURE Danner J. Donge	CHIEF MEDICAL EXAMINER	DATE SIGNED
DEPUTY ME ase execute the should be forw FUNERAL Ditte that its designated	examiner's Name (Type) James I. Boyd	DEPUTY MEDICAL EXAMINER 3/17/62 Address (Streel, city, town, or county)	
DEP ase should FUN	22e. BURIAL, CREMATION, REMOVAL (Specify)		(State)
400			
VS. A15ME 5M 7/59	23. FUNERAL DIRECTOR G. Howard Strong 3207 W. North Ave.,	DATHAR 2 0 '62 Calhan S. Ha	

Supplied the sense that the sense of the sen r and one in the sale of gia fini di compositi . enchirt a line of the control of t .. evident. dege unwert Denner,

FOR STATE DEPT A should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may pertained for your files.

IO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages, and 2 with the State Board of Health, or lis designated agent, prior to burial, cremation, or removal, and in any event within 7 hours after death. any delay is necessary, DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death

> VS. A15ME SM 9/60

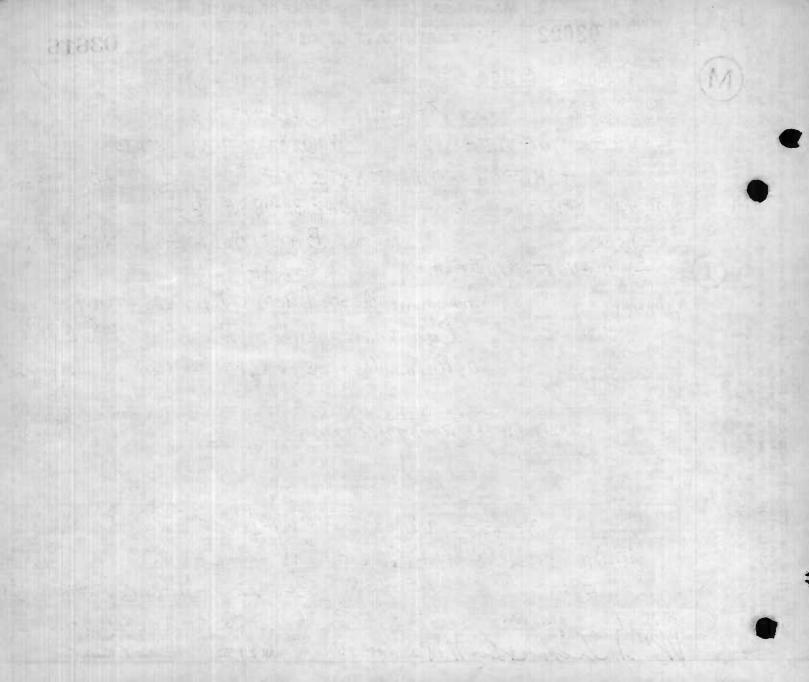
MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 03615

1.	PLACE OF DEATH				2. USUAL RESIDEN	ICE (Where deceased	livad, II in	stitution: Raside	nce before edmission)	
	-	amma ta		MARYLAND	e. STATE					
1/-	Prince Ge	orge s	ite	c. LENGTH OF STAY IN 16	Marylan	(If outside corporate li	rrino	e George	ers	
1	write RURAL end	give neerest town)	110)				mils, write i	CUKAL end give	neerest town)	
	Chever ly			14 days	6 Hyattsv					
	d. NAME OF HOSPIT	AL OR INSTITUTION (if not in hos	pital, give street eddress)	d. STREET ADDRESS				. IS RESIDENCE	
		eorge's Ge			3917 01	iver Stree	t		YES NO	
3.	NAME OF DECEASED	First		Middle	Last	4. DATE OF	Month	Day	Year	
-	(Type or print)	Alex		Harrison	Harris	DEATH	Marc	h 28	19 62	
5.	SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	8. DATE OF BIRTH			UNDER 1 YEAR		
	Female	White	WIDOWE	D X DIVORCED	Sept. 1, 188	_	yrs.	Months Days	Hours Min.	
10 de	a. USUAL OCCUPATION during most of wor	ON (Give kind of work king life, even if retire	10b. Ki	IND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (State	or foreign country)		12. CITIZEN	OF WHAT COUNTRY	
	Housewif			Home	Virginia			U.S.	. A.	
13	. FATHER'S NAME				14. MOTHER'S MAIDEN	INAME				
	Cassius	Alexander	Harris	on	Betty Dev	ons				
15	. WAS DECEASED EVE es, no, or unkown) (If	R IN U.S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT	70	2AdNoss (Frant S	treet	
Ι,,	No No	Aes 8: Ae Metot delesors	ervice)	Var	garet Harris					
-		EATH [Enter only one	cause per li	ine for (e), (b), and (c).)	Para o o House To	I WOROT 114	The Total		TERVAL BETWEEN	
		WAS CAUSED BY							NSET AND DEATH	
	IMMEDIATE CAUSE (a) Cardiac Arrithmia									
	T 2 DUE TO									
	Conditions, if ony, which (b) Arterieseleratic heart disease									
	gave rise to immediate cause (a), stating the underlying DUE TO									
	cause last.									
Z		SIGNIFICANT CONDI	TIONS CON	TRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	INAL DISEASE CONDIT	ION GIVEN	IN PART 1(a)	19 WAS ALITORSY	
1ºE							.011 01121	1117781 ((0)	PERFORMED?	
2		Fractur							YES NO	
CERTIFICATION	20a. EXTERNAL CA PRIMARY ☐ or COI CAUSE OF DEATH.	NTRIBUTING [Ob. DESCRI	BE HOW INJURY OCCURED.	(Enter nature of injury in Pe	rt I or Part II of item 18	.)			
₹	20c. TIME OF INJUR	Y Month, Dey, Ye	ar 20d.	NJURY OCCURRED 20e. PI	ACE OF INJURY (Home, far	m, 20f. (City or tow	n)	(County)	(State)	
MEDICAL	Hour e.m.		W/EIL	Not While fe	octory, street, office bldg., etc.					
			of the rem	ains described above, h	neld an Autopsy X	Inspection XX	Inquiry	XX and	I in my opinion	
	death resulted fr	om: Natural ca	auses ,	Accident X, Su	icide , Homicide	, Undeterm	ined mar	nner		
	1	1		^	CHIEF MEDICAL	EXAMINER				
	ACTUAL SIGNATURE	James	19-	120ml		DICAL EXAMINER		1	DATE SIGNED	
	EXAMINER'S	1		3	DEPUTY MEDICA	L EXAMINER		3-28	3-62	
1	NAME (Type)	Dr. James	I. Bo	byd	Address (Street,	city, town, or county)				
	BURIAL, CREMATIO			22c. NAME OF CEMETERY		22d. LOCATION (C	ity, town, o	r country)	(Stete)	
B	urial (Specify)	Mar 30, 1	1962	Scottsville	Cemetery	Scotts	svill	e Vir	ginia	
23	. FUNERAL DIRECTOR			ADDRESS	24e. RE	C'D BY REGISTRAR 2	4b. REGIST	TRAR'S SIGNAT	URE	
	F. Gasch	's Sons l	iyatts	sville, Md.	DATE	APH 2 '62	a	rihun S. H	raus.	
-										

Principal Francisco IN THE CHARGE THE PARTY EVAS AL GSEE (, TENS Concess Co. Misself Land Street Control of the C MEMORITARINE CONTRACTOR OF THE PROPERTY OF THE Design of the carried to the one of the transfer THE RESIDENCE OF THE PROPERTY OF THE PARTY O and the second strategy the second the second

1	5	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
- P	1	USOZZ CERTIFICATE OF DEATH 03616
the funeral of 2 should	M)	1. PLACE OF DEATH e. COUNTY PRINCE SET OR SET MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b) 2. USUAL RESIDENCE (Where decessed lived, If institution; Residence before edmission) e. STATE ARY PAND c. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town)
tilled in by the Pages I and are after deat	IX	with RURAL and give nearest town) AURE AURE BAPTI MORE 3 VOI- 4 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM?
mpletely in 72 hours.		3. NAME OF DECEASED (Type or print) ABBIE WINDSOR COURT / TPTS, YES NO VINUS OR COURT / TPTS, YES NO Last Month Dey Yeer OF DEATH 3 23 19 61
cian a		5. SEX 6. COLOR OK RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
physice removed any	Œ	done during most of working life, even if ratified) BALTIMBRE U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME LVMAN A. MEALHAN 14. MOTHER'S MAIDEN NAME
hat the death he attending Then pleas moval, and in	F	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) ((fyesgiva werordates of service) umbumm Itosp. Durros PAURES SANITARIUM
The law requires that after the state of the		18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (e) Conditions, if eny, which geva rise to immediata ceuse (e), steling the underlying ceuse last. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] Conditions, if eny, which geva rise to immediata ceuse (b) DUE TO Cought in the underlying ceuse last.
PHYSICIAN: I the hospital or all his certificate has I for use as the bill horior to burial	0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
ained by R: After detached		20c. TIME OF INJURY Month, Dey, Year Hour a.m. p.m. 19 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (Stete) factory, streat, office bldg., atc.)
NR ATTEN ay be retai IRECTOR should be d		21. I certify that (I) (this hospital) attended the deceased from 5 19.01 to 9.01 to 9.01 that (I) (we) last saw the deceased alive on 9.01 and that death occurred at 9.01 from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE
HOSPITAL On the Page 4 me FUNERAL DI setor, page 3 s filed with the 3	1	TO DIECTOR DIRECTOR D
S. S. S. S.		236. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stata) REMOVAL (Specify) 3/26/62 Loudon Park Cemetery Baltimore Maryland 24 FUNERANT PRECIORS SUSNATURE O ADDRESS 256. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
VR A15 (4) 15M 9/60	B	The July Lors M Pa Gres 17 DATEMAR 27'62 william 8. thomas



STATE HEALTH DEPT. the funeral director. Page retained for your files. is necessary, Department hours after death rhe State If any de 2, and TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after rease execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, an should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 m TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 3 Health or its designated agent, prior to burial, cremation, or removal, and in any event

VR A15ME 5M 1/62

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 03623

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

03617

1.	PLACE OF DEATH				stitution: Residence before admission
	Prince George's	MARYLAND	e. STATE Maryla	nd b. COUNTY	rince George's
	b. CITY OR TOWN (if outside corporete limits, write RURAL and give nearest town)	TH OF STAY IN 16		utside corporete limits, write R	
		D.O.A.	12 Brandywi	ne	
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give	street eddress)	d. STREET ADDRESS	116	e. IS RESIDENCE
	Claston Wodden Conton	11 11 11 11 11			YES NO
3.	Clinton Medical Center	Middle	Lusby	Lane Month	Dey Yeer.
	Type or print)			OF DEATH	
-	Margaret		Hawkins	March	12th. 1962
Э.	SEX 6. COLOR OR RACE 7. MARRIED X NEVI	ER MARRIED 8.	DATE OF BIRTH	9. AGE (In yeers If last birthdey)	UNDER 1 YEAR IF UNDER 24 HRS.
	Female Colored WIDOWED	DIVORCED _	July 15, 19		
10a	a. USUAL OCCUPATION (Give kind of work one during most of working life, even if retired)	ISINESS OR INDUSTRY	11. BIRTHPLACE (Stete or	foreign country)	12. CITIZEN OF WHAT COUNTRY
		Home	Monulo	nd	U.S.A.
13.	. FATHER'S NAME		Maryla 14. MOTHER'S MAIDEN NA	ME	U.D.M.
	Alfred Jackson		Mony Din	lenor	
	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SE	ECURITY NO. 17. II	Mary Pin	Address	
(Y)	as, no, or unkown) (Ifyesgive weror detasofservice)		4	4.1 ** * 1	110
-	NO 18. CRUSE OF DEATH [Enter only one cause per line for (a),	(b) and (c) 1	trick Elswo	rth Hawkins	same as #2
	PART I. DEATH WAS CAUSED BY-				ONSET AND DEATH
	Acut	te pulmor	ary edema		
	DUE TO				
	Conditions, if any, which (b). Cons	restive h	neart failur	9	
	geve rise to Immediate cause (a), stating the underlying DUE TO	3			
		entending	heart dise	9888	
×	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NO	T RELATED TO THE TERMINAL	DISEASE CONDITION GIVEN	
ATIC					YES NO
FIC	20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW II	NJURY OCCURED. (E	nter neture of injury in Pert I o	or Pert II of item 18.1	112 110 11
ERT	PRIMARY Or CONTRIBUTING CAUSE OF DEATH.				
AL C	20c. TIME OF INJURY Month, Day, Year 20d, INJURY OC	COURSED 20- BLAN	CE OF INITION (Home form 1	204 (City on town)	10 - march 100 - 1
5	Hour e.m. WhileNot W		CE OF INJURY (Home, ferm, ory, street, office bldg., etc.)	2Df. (City or town)	(County) (Stete)
ME	p.m. 19 et work et w	rork	i		
	21. I certify that I took charge of the remains des	cribed above, hel	d an Autopsy , In:	spection X. Inquiry	X. and in my opinion
	death resulted from: Natural causes Accid	dent . Suici	de [], Homicide [], Undetermined man	nner 🗍
	A		CHIEF MEDICAL EXA	MINER	
	ACTUAL (CONTRACT)	5 and	ASSISTANT MEDICA	L EXAMINER	DATE SIGNED
	SIGNATURE VI	Longel	M.D. DEPUTY MEDICAL EX		- 1 10-
	NAME (Type) TAMES T BOVD	W D			3/13/62
22	a. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAM	M. D.	Address (Street, city CREMATORY 22	d. LOCATION (City, town, o	r country) (State)
	KEMOTAL (Specify)			- 1	
-	JUNIAL I				RYLAND
	3. FUNERAL DIRECTOR ADDR			BY REGISTRAR 24b. REGIST	RAR'S SIGNATURE
N	TYRTLE K. ROLLINS 4339	HUNTI	PI. NE DATBIAR !	1 5 '62 Oct	n 8 45

03617 Latron Ton 14 Ton one Lynn 1 ar e la canad acadas Die al Winder A. D. H. Hartest J. Callet Brown Co. Martab Meth. Threater. THE RESERVE TO A STATE OF THE PARTY OF THE P STATE E ELECTION STOP HINE ELLING STATES STATES 94

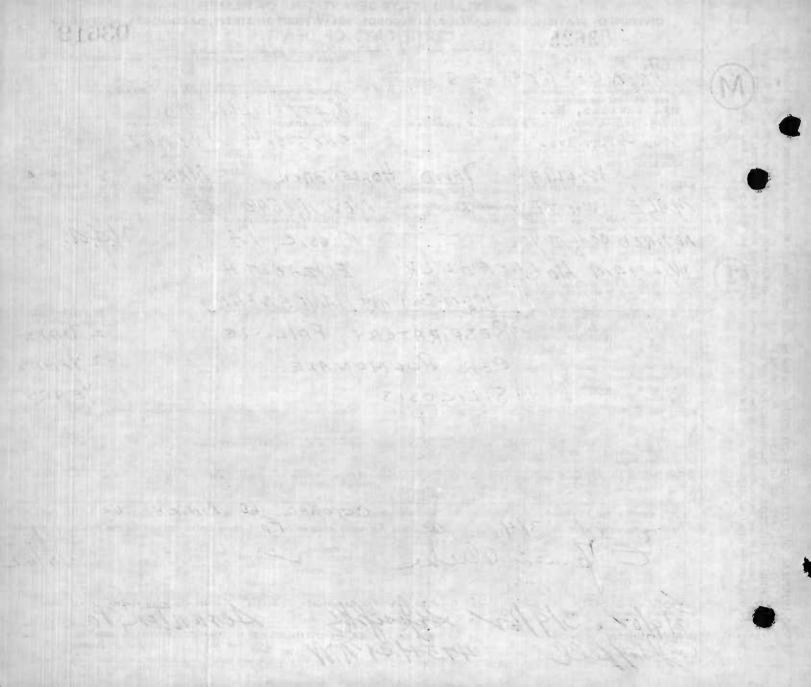
	03624 CERT	IFICA	TE OF DEATH		Reg	j. Dist. No	A364 8
L	Trince Deart	RYLAND		inia t	COUNTY A	vliv	no tion
	C. CITY OR TOWN (If autside corporate limits, write C. LENGTH OF STA' RURAL and give nearest town) The state of the state		c. CITY OR TOWN (# au	Iside corporate lin		and give ne	x · 3
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION May 's Navsing Hom	e	5229 N	. 5'th	Stree	ot	e. 15 RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED Type or print) NOVA First Alice		HILL	4. DATE OF DEATH	Month	10	y Year
5. 5	EX 6. COLOR OR RACE 7. MARRIED NEVER MARR		Aup, 18, 18	75 % AG	E (In years IF UI birthdoy) Mon		Hours Min.
100	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) # 10h. KIND OF BUSINESS of the working life, even if retired # 10h. KIND OF BUSINESS of the working life.		TRY 11. BIRTHPLACE (STOTE O	-	12	U.S	of Am
J	oseph Taylor		14. MOTHER'S MAIDEN NA	AA	aure		
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY No. ove wor or dates of service) 17. Over word or dates of service)	0. 17. IN	15. Bertha V. K	resslev	5 807	Har	verdes A
	18. CAUSE OF DEATH [Enter only one cause per line for (o). (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	. 0				INT	SET AND DEATH
	Conditions, if any, which by Malna	tri	tion				8 mont
	gave rise to immediate cause (o), stating the under-lying cause last. DUE TO Semili	ty					i year
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DI	EATH BUT	+1.0 /MII.	E PRE BEEF	DITION GIVEN IN	PART 1(a)	PERFORMED?, YES NO
CERTIFI	206. ACCIDENT WAS UNDERLYING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CO	OCCURRED). (Enter nature of injury in Pa	ort I ar Part II af i	tem 18.)		
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while of work of work	20e. PLA fac	ACE OF INJURY (Home, form, tory, street, office bldg., etc.)	20f. (City or tow	n)	(Caunty)	(State)
	21. I certify that I attended the deceased from Fet alive on M2VG 9, 1962, and that		3, 19 62, to M occurred at 7 30 A	M, from the			aw the deceased ate stated above
	ACTUAL Walcutt W. Libarn		M.D. 4340 St.	DDRESS (Street, ci	bas T	Pond	DATE SIGNED
	PHYSICIAN'S Walcutt W. Gibson		.D. Washi		n 21	JP!	
6	BURIAL, CREMATION, 226. DATE THEREOF 22c, NAME OF CEA DEVICE 3-13-62 Florit	METERY OF	el Com	Cake	ton, U	irgu	(State)
23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	rde	DATE MA	R 1 4 '62	24b. REGISTRAR	s signatu	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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	and the state of the same

301 W. PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH AND RECORDS. OF DEATH G308 Items 2 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY e. STATE MARYLAND CINCE c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerast town) b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 write RURAL and give nearest town) Hyattsville. Md. e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (il not in hospital, give street eddress) ON A FARM? YES NO -60th. Ave. NAME OF Yaer Middle DATE DECEASED OF (Type or print) DEATH 196 IF UNDER 1 YEAR IF UNDER 24 HRS. 5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years I last birthday) Deys Hours WIDOWED TXX DIVORCED 12. CITIZEN OF WHAT COUNTRY? USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY done during most of working life, even il retired) COALMINE AETIPED
13. FATHER'S NAME please (Yes, no. or unkown) | (If yes give war or detes of service) INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). ONSET-AND DEATH I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO PULMONALE Conditions, il eny, which gave rise to immediate ceuse DUE TO (e), stating the underlying ILICOSIS cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9): 19. WAS AUTOPSY CERTIFICATION PERFORMED? T NO T 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2De. PLACE OF INJURY (Home, larm, (County) (Stete) 20c. TIME OF INJURY 2Dd. INJURY OCCURRED 2DI. (City or town) Month, Dey, Year factory, street, office bldg., etc.) Not While While Hour a.m. at work at work p.m. 21. I certify that (I) (this hospital) attended the deceased from OCTOBER, 1960 to MARCH., 1963, that (I) (we) last saw the deceased alive on. 22e. SIGNATURE ATTENDING STAFF PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR TERMATORY 23d. LOCATION (City, lown or county) (Stete) 23a. BURIAL, CREMATION, 236. DATE THEREOF 256. REGISTRAR'S SIGNATURE 25a. REC'D BY REGISTRAR FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 162 15M 7/61

RYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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CEPTIFICATE OF DEATH

PARCE OF DEATH	06040	CERTIFICA	AIL OI DEAIN	Reg. Dist. Nb. 3020
Mitchellville	COLUMN TO THE CO	MARYLAND		lived. If institution: Residence before admission)
Rt. 2, Box 80 Rt. 2, Box 80	RURAL and give negrest town)			ote limits, write RURAL and give nearest town)
DECEASED PIPID RICHARD Humphrey Hook IV. DEATH March Alt., 1962 5. SEX Male S. COLOR OR RACE Miltow Wildows D DIVORCED DIVORC	OR INSTITUTION	reet oddress)		ON A FARM?
Male White widowed Divorce Jan. 28, 1888 Set bythody) Months Deys Heurs Min. 100. USUAL DOCUPATION (Give kind of work done Dib. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY 13. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY 13. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY 13. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY 13. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY 13. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY 13. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY 13. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY 13. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY 13. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY 13. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY 13. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY 13. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY 13. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY 13. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY 13. BIRTHPLACE (Stole or foreign country) 13. BIRTHP	DECEASED		OF	36
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Richard H. Hook III 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If you, you was not do do deceased in the control of the c	during most of working life, even if refired)			
S. ANS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 16. SOCIAL SECURITY NO. 17. INFORMANT 16. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORM				
The control of the course of				
18. CAUSE OF DEATH [Enter only one couse per line of (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: DUE TO Conditions, if ony, which gave rise to immediate couse (o), storing the under lying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMEDY YES NO DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20a. ACCIDENT WAS UNDERLYING DAILY CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMEDY YES NO DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20b. TIME OF INJURY Month, Day, Year Mole Not while of work while of work of order of order of work of order of order of the terminal order of the ter	(Yes, no, or unknown) (If yes, give wor or dates of service)			
20c. TIME OF INJURY Manth, Day, Year Hour o. m. 19 While at work at wo	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave rise to immediate couse (a), stoting the under-lying cause lost. (c)	Jacinora Co Freder	cum i fases to slive	ONSET AND DEATH Link Ink.
21. I certify that I attended the deceased from				PERFORMED? YES NO
alive on	Z 20c. TIME OF INJURY Manth, Day, Year 2 Hour o.m. 19 of	hile Not while to	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)	or town) (County) (State)
Burial 3/17/62 Epiphany Cometery Forestville Md. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Md. 246. REGISTRAR'S SIGNATURE	actual SIGNATURE PHYSICIAN'S Robert B. Se	1942, and that death	occurred at 9:30 M, from ADDRESS (Streem.D. ADDRESS (Streem.D. ADDRESS)	the causes and on the date stated above DATE SIGNE 3/11/62
	Burial 3/17/62			
				20 1 20

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hour NERTAL OR ATTENDING TOTAL CONTROLL OF A SECONDESSION.

Description of the hospital or altending physician.

NERAL DIRECTOR: After this certificate has been signed by the attending physician and completely should be detached for use as the burial-transit permit. Then please remake carbon papers. It is should be detached for use as the burial-transit permit. Then please remake action and in any event within 72 hours after death.

death. Page 4

iled in by the funeral director, I and 2 should be filed with

VS A15 (4) 15M 10/57

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FOR STATE HEALTH DEPT

is necessary, ō

DEPUTY MEDICAL EXAMINER. This certificate should be executed within 24 hours after death. If any deary is necessary asse execute the certificate, writing the word "pending" in pendil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Pages execute the certificate, writing the word "pending" in pendil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Pages should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 ma retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 who in the State Department of Health or its designated agent, prior to burial, cremation, or removal, and M. any event within 72 hours after deapth.

VR A15ME 5M 1/62

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02697 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 00001

PLACE OF DEATH							0061
			2. USUAL RESI	IDENCE (Where	deceased lived, If	institution: Resid	ence before edinission)
		MARYLANI	e, STATE	7	b. COUN		
b. CITY OR TOWN (if out	e George	c. LENGTH OF STAY IN 1		yland	orporete limits, write	Prince	
write RURAL end give			21		orporore minus, write	KONNE BIO GI	10 11001031 10 4117
Carrollt				ollton			
d. NAME OF HOSPITAL O	OR INSTITUTION (if a	not in hospitel, give street eddress)	d. STREET ADD	RESS			IS RESIDENCE ON A FARM?
6010 84t	h Avenue		6010 84	th Ave	nue		YES NO
NAME OF	First	Middle	Last	4. DAT		De	ey Yeer
DECEASED (Type or print)	DATED	TO A MITTER	TIODAN	OF DEA	TH Manala	Oli	19 62
SEX 6.	DAVID COLOR OR RACE 7	DANIEL	HORAN B. DATE OF BIRTH		19. AGE (In yeers	24 LIF LINDER 1 YEA	
		MARRIED NEVER MARRIED			lest birthdey)	Months Deys	
	11700	WIDOWED DIVORCED	Nov. 26,	1958	3 yrs.		
USUAL OCCUPATION I		106. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE	(State or foreign	country)	12. CITIZEN	OF WHAT COUNTRY
None	,,	None	FLOR	ΔΩ		USA	
FATHER'S NAME		None	14. MOTHER'S MA			ODA	
Robert Dan	tol Wome	n	Tomat	to Mon	w Golool	-	
WAS DECEASED EVER IN				, ta Mar	y Solaci	7	
i, no, or unkown) (Ifyesg		rice)		- 3000	Address		
No		None Ro	obert D. H	Ioran	Same as	#2	
18. CAUSE OF DEAT	'H [Enter only one ca	ruse per line for (e), (b), end (c).)					INTERVAL BETWEEN
PART I. DEATH WA	AS CAUSED BY:						ONSET AND DEATH
IMMI	DIATE CAUSE (a)	Convulsive d	lisorder				
35/1	DUE TO						
Conditions, if any, w	high (b)	Comphas 7					
			1 037				
geve rise to immediate c	euse	Cerebral pa	Lsy				
geve rise to immediate a (e), stating the underl	euse DUE TO	Gerebrai pa	llsy				
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geve rise to immediate c (e), stating the underlicause lest.	ying DUE TO	OBTEDIAL PA		TERMINAL DISEA	SE CONDITION GIV	EN IN PART 1(e)	
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LAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

MEDICAL EXAMINER'S CERTIFICATE OF DEATH MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) necessary, ector. Page a. COUNTY jo b. couprince George's Maryland files. Prince George's MARYLAND b. CITY OR TOWN (if outside corporate limits, director. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporata limits, write RURAL and give nearest town) Your write RURAL and give naarast town) Suitland Suitland d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS refained State 4658 Homer Avenue efter 4658 Homer Avenue DATE Day hours the DECEASED he OF (Typa or print) Eugene Edgar 16 Howell DEATH March death. 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR last birthday) Months Days J within 24 hours after d 18. Give Pages 1, 2, and th form PM3. Page 7 mi 18. Elle manes 1 md 2. WIDOWED T DIVORCED APRIL 13, UAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if ratired) U.S. GOV'T OCEANOGRAPHER New York USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME EXAMINER: This certificete should be executed within 24 ate, writing the word "pending" in pencil in Item 18. Give the Chief Medical Examiner's Office along with form PA ALBERT S. HOWELL JUDGE ELYDIA 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yas, no, or unkown) | (Ifyasgiva war or dates of sarvica) MRS ALICE NEW JERSEY 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) or removal burial-transit PART I. DEATH WAS CAUSED BY: PUFLIMONIA IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) cremation, ease execute the certificate, writing the word "pending" should be forwarded to the Chief Medical Examiner's C FUNERAL DIRECTOR: Page 3 should be used as a beaith or its designated agent, prior to burial, cremation. gave rise to immediate ceuse DUE TO (a), stating tha undarlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATION 2Da. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Part I or Part II of itam 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. WEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) factory, streat, office bldg., atc.) Hour a.m. Whila Not Whila at work at work 21. I certify that I took charge of the remains described above, held an Autopsy X . Inspection X Inquiry X and in my opinion death resulted from: Natural causes Y Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY DEPUTY MEDICAL EXAMINER 3/16/62 EXAMINER'S NAME (Typa) James I. Boyd Address (Straat, city, town, or county) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) REMOVAL (Specify) 0 VR A15ME MAR 2 3 '62 arthur S. Kraus 5M 1/62

e. IS RESIDENCE ON A FARME

YES NO P

19

Hours

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED? NO

(State)

DATE SIGNED

(State)

IF UNDER 24 HRS.

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MARYLAND STATE DEPARTMENT OF HEALTH Divided of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fived, If Institution: Residence before edmission) a. COUNTY Prince George's b. COUNTY rince George's Page MARYLAND c. CITY OR TOWN (If outside corporete fimils, write RURAL end give neerest town) b. CITY OR TOWN (if outside corporale limits. c. LENGTH OF STAY IN 16 director. write RURAL end give nearest town)
Oxon Hill for your 8 40xon Hill 2 years Board d. NAME OF HOSPITAL OF INSTITUTION (if not in hospitel, give street eddress) 4907 Forest Drive State | 3. NAME OF Middle 4. DATE Month DECEASED 9 10 (Type or print) Hunt. DEATH March Clifford Howard may 2 with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR ast birthday) Male nould be executed within 24 hours after des.
" in pencil in Item 18. Give Pages 1, 2, and Office along with form PM3. Page 5 may burial-transit permit. File pages 1 and 2 withoutal, and in any event within 72 hours. August 16,1908 WIDOWED [DIVORCED 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Stete or foreign country) dose during most of working life, even if relired) Communication Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Clifford Patrick Hunt Jennia Watkins 16. SOCIAL SECURITY NO. 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address (Yes, no, or unkown) (Ifyesgivewerordatesofservice) Eileen Dorothy Hunt, same as # 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] I. DEATH WAS CAUSED BY: Acute congestive heart failure IMMEDIATE CAUSE (a) DUE TO Artereosclerotic heart disease Condillons, if eny, which (b) gave rise to immediate cause "pending" as a Medical Examiner's DUE TO (e), stating the underlying be used cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4)1 19. WAS AUTOPSY CERTIFICATION Rheumathe heart disease ase execute the certificate, writing the word should be forwarded to the Chief Medical E **FUNERAL** DIRECTOR: Page 3 should be 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part 1 or Part II of itam 18.) 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. WEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.) Hour e.m. While Not While at work at work prior 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection XI. Inquiry death resulted from: Natural causes 🛣 Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE 3/10/62 DEPUTY MEDICAL EXAMINER TO EXAMINER'S James I. Boyd NAME (Type) Address (Streat, city, town, or county) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify)

ADDRESS

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23. SUNERAL DIRECTOR

24e. REC'D BY REGISTRAR I

Civiling S. Thrus

24b. REGISTRAR'S SIGNATURE

(County)

e. IS RESIDENCE ON A FARM?

YES NO 1

19 62

IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

NO

(Steta)

and in my opinion

DATE SIGNED

(State)

12. CITIZEN OF WHAT COUNTRY?

Year

Day

U. S. A.

DATE MAR 1 3 '62

BOOK FOR BELLIA and state blame The weller from evicantino want the Comments of the comments o Termonia dinonia

1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decaesad livad, If Institution: Rasidanca before admission) a. COUNTY b. COUNTY Prince George's MARYLAND of Columbia b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporata limits, write RURAL end give neerast town) writa RURAL end give neerest town) Cheverly Washington d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give straet address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 1648 Trinidad Avenue, George's General Hospital Prince YES NO X 3. NAME OF 4. DATE DECEASED OF (Type or print) DEATH Emanue] Hunter 1962 March 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)

Navy Hydrografic

U.S. Gov t last birthday) Months EN WIDOWED 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 18. Give Pages 1, 2, form PM3. Page done during most of working life, evan if retired) File pages 1 Virginia

14. MOTHER'S MAIDEN NAME Clerk U.S.A. 13. FATHER'S NAME Eugene Hunter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT · unknown Address (Yas, no, or unkown) | (Ifyas give war or datas of servica) 256-10-9939 Gussie Lenetta Hunter, 18. CAUSE OF DEATH [Entar only one cause par line for (a), (b), end (c),] along ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Acute congestive heart failure IMMEDIATE CAUSE (a) DUE TO Cardiovascular renal disease geve rise to immediate ceuse DUE TO (e), stating the underlying nsed cremation PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8)1 19, WAS AUTOPSY CERTIFICATION PERFORMED? NO X pinons 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Entar nature of injury in Pert I or Part II of item 18.) PRIMARY | or CONTRIBUTING | burial CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete) fectory, street, offica bldg., atc.) While Not Whila Hour e.m. at work et work sase execute the certificate, should be forwarded to the FUNERAL DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection X. Inquiry X and in my opinion death resulted from: Natural causes X Accident Suicide Homicide 1 Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER BOYD, M.D. NAME (Typa) · Addrass (Streat, city, town, or county) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) New Bern, North Carolina Ö 0 23. FUNERAL DIRECTOR ADDRESS 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. AISME Frazier's Funeral Home, 389 R. I. Ave.NW.,DC. SM 9/60 Lavandi S. Maria

ARYLAND STATE DEPARTMENT OF HEALTH Division of Statistical research and records, 301 W. Preston Street, Baltimore 1. Maryland

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RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before admission) a. COUNTY the the rince MARYLAND COVERS b. CITY OR TOWN (if outside corporate limits, and c. LENGTH OF STAY IN 16 c. CITY, OR TOWN (If outside corporete limits, write RURAL end give nearest town) p write RURAL end give nearest town) filled in Pages 1 6/2001 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS 30 /XUVSIND Mome 3. NAME OF First Middle 4. DATE Month DECEASED (Type or print) 00210 DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | last birthday) Months WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY (County & Stete, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Dallolino Faper Manper Hainlin 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 5 aftending ninson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO.1 17. INFORMANT Address requires that the (Yes, no, or unkown) | (If yes give war or detes of service) Louise 1B. CAUSE OF DEATH Enter only one cause per line for (e), (b), end (c), lav Hemoruhaye ER PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO evosir Generalizea Conditions, if eny, which gave rise to immediate cause **DUE TO** (a), steting the undarlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 19. WAS AUTOPSY Verioscierotilo 20e. ACCIDENT WAS UNDERLYING T 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Pert II of item 18.) for OR CONTRIBUTING CAUSE OF DEATH detached MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Day, Yeer 20f. (City or town) (County) factory, street, office bldg., etc.) While Not While Hour a.m. at work et work p.m. CIOR March 21, 1962, that (1) (we) last 1954. 2 mch 21 1962, and thet deeth occured at AM, from the causes and on the date stated above. saw the deceased 22e. SIGNATURE ATTENDING PHYS. 1 DIRECTOR PHYS. FUNERAL M.D 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) VOCATION (City Jown or com) 23a. BURIAL, CREMATION, | 23b. 23c. NAME OF CEMETERY OR CREMATORS DATE THEREOF 23d. REMOVAL (Specify) 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S VR A15 (4)

. IS RESIDENCE ON A FARM?

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IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

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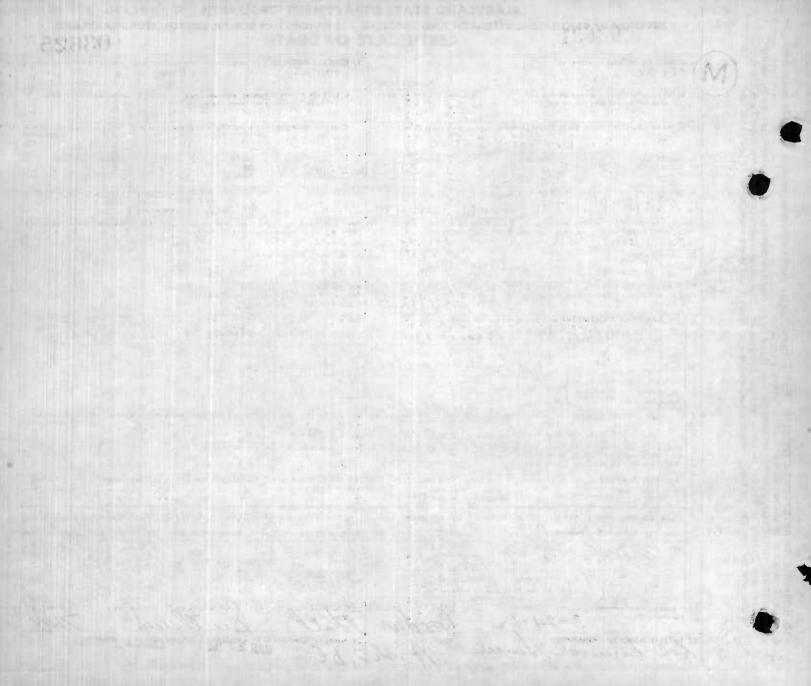
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ARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 03632 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution, Residence before edmission) a. COUNTY e. STATE b. COUNTY by the and 2 death. Prince Georges MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) write RURAL and give nearest town) Pages 1 days Washington Glenn Dale (rural d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? 5101 Just St., N.E. Glenn Dale Hospital YES NO pletely 3. NAME OF Middle Last 4. DATE Month DECEASED OF (Type or print) Mabel Jackson DEATH 19 62 S. SEX 6. COLOR OR RACE! 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. MARRIED T NEVER MARRIED and last birthday) Female Days WIDOWED [DIVORCED deeth certificate Then please remove 9 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Unknown Va. USA Laundry worker 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Marie Palmer Robert L. Edmonds 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give wer or detes of service) Decedent the 18. CAUSE OF DEATH Enter only one cause per line for (e), (b), end (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Hemorrhage, pulmonary, massive IMMEDIATE CAUSE (e) DUE TO Pulmonary tuberculosis l year Conditions, if eny, which gave rise to immediate cause DUE TO (e), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(1) 19. WAS AUTOPSY CERTIFICATION PERFORMED? coronary atherosclerosis NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stete) lactory, street, office bldg., etc.) While Not While Hour e.m. et work et work 21. I certify that (I) (this hospital) attended the deceased from... saw the deceased alive on..... 22b. DATE 22e. SIGNATURE 3/27/62 SIGNED ATTENDING DIRECTOR PHYS. PHYS. M.D. 22c. PHYSICIAN'S 22d. ADDRESS Glenn Dale Hospital NAME (Type) Moe Weiss, M.D. Glenn Dale, Md. 230. DORIAL CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town or county) (Stete) REMOVAL (Specify) First Son 4925 Deane My M 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) arthur S. Thouse 15M 7/61

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FICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Whare dacaesed livad, If institution: Rasidanca bafore edmission) e. COUNTY a. STATE b. COUNTY by the and 2 death. Prince Ceorges
b. CITY OR TOWN (if outside corporate limits, MARYLAND arvland Charles Inne c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) writa RURAL and give necrest town) after .E T d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Gambrills d. STREET ADDRESS a. IS RESIDENCE ON A FARM? YES NO X ely 3. NAME OF Georges General Hospital 4. DATE Month Day Year DECEASED OF (Typa or print) DEATH 5. SEX AGE (In years IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthday) Monlhs WIDOWED DIVORCED Female attending physician hen please remove 10e. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? (County & Stafe, or loraign country) done during most of working life, aven if retired 13. FATHER'S 14. MOTHER'S MAIDEN NAME pue 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. or unkown) | (Ifyasgivawar or datas of service) 18. CAUSE OF DEATH Enter only one cause per INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which geva rise to immediata cause DUE TO (a), stating tha underlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATION 8 0 PERFORMED? NO [20a. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Homa, farm, 201. (City or town) (State) (County) Not While tactory, street, office bldg., etc.) While Hour a.m. al work DIRECTOR: saw the deceased alive on 19...62., and that death occured at 9...3M, from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN Benjamin S. Pecson Marlboro Pike, District Heights 28.Md. 23e. BURIAL, CREMATION, | 23b. NAME OF CEMETERY OR CREMATORY 23d. JOSATION (City, town or county) MOVAL (Specify) 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 4 162 arthur S. Thank 15M 7/61

requires that the

ARYLAND STATE DEPARTMENT OF HEALTH

5. 1. SHARESTON 17/2 octon Committee -(5-Dr. Jackwild M. Poogen and M. W. Partingto P. for D. Harden and D. Jackwill an

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY Page a. STATE b. COUNTY necessary files. Prince George s
b. CITY OR TOWN (if outside corporata limits, MARYLAND Maryland Prince George's c. LENGTH OF STAY IN 16 funeral director. write RURAL and give nearest town) Ö d. NAME OF HOSPITAL OR INSTITUTION (it not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE Pol Boa ON A FARM? retained State | George's General YES NO Prince Hospital DECEASED (Typa or print) DEATH Hamilton Jefferson 19 62 March with 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 8. DATE OF BIRTH IF UNDER 24 HRS. 9. AGE (In years | IF UNDER 1 YEAR Pages 1, 2, and 43. Page 5 may ages 1 and 2 within 72 hours a ithin 72 hours a last birthday) Months I Days WIDOWED DIVORCED Male in pencil in Item 18. Give Pages 1, 2, 8 office along with form PM3. Page 5 a burial-transit permit. File pages 1 and 5 emovel, and in any event 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12, CITIZEN OF WHAT COUNTRY? dona during most of working life, evan if retirad? Farming Maryland
14. MOTHER'S MAIDEN NAME U.S.A. Farmer Benjamin Marcel
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Sims Address (Yas, no, or unkown) | (Ifyasgive weror datasofservica) Evelyn May Parker Same as 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Cerebro vascular accident IMMEDIATE CAUSE (a) DUE TO Cardio vascular renal disease Conditions, if any, which Examiner's (gava risa to immadiata causa "pending" DUE TO (a), stating the undarlying cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY PERFORMED? 99 execute the certificate, writing the word NO Plnous 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Item 18.) PRIMARY | or CONTRIBUTING | burial, CAUSE OF DEATH. should be forwarded to the Chief FUNERAL DIRECTOR: Page 3 its designated agent, prior to buri 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ! 20f. (City or town) (County) (Stata) factory, street, office bldg., etc.) While Not While Hour a.m. at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inquiry and in my opinion MEDICAL Natural causes death resulted from: Accident Suicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY DEPUTY MEDICAL EXAMINER 3/8/62 EXAMINER'S NAME (Typa) BOYD, M.D. Add Address (Street, city, town, or county) 22a. BUNAL, CREMATION. 22b. DATE THEREOF 22d. LOCATION (City, town, or country) (Stata) REMOVAL (Specify) 0 0 Mar.11,62 PLum Point Calvert 23. FUNERAL DIRECTOR ADDRESS 24a. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VS. AISME ! Pinkney Sewell Civinus S. Thous DATE MAR 1 4 '62 Prince Frederick. SM 9/60

STATE DEPARTMENT OF HEALTH

Children of the control of the contr Lini e Of Ought and the state of the stat THE CHARLES THE STREET STREET, We LYSE SE SEE . .

CERTIFICATE OF DEATH Reg. Dist. No. 3629 with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) filed a. COUNTY b. COUNTY b. CITY OR TOWN If outside corporate limits, write C. LENGTH OF STAY IN 16 c. CITY OR TOWN Moutside corporate limits, write RURAL and give fearest town) pe RURAL and give nearest town by the ... ad 2 shauld b d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO Z NAME OF First Middle 4. DATE Last Month Year DECEASED OF DEATH (Type or print) 19 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) Months Davs Haurs WIDOWED | DIVORCED [10o. USUAL OCCUPATION (Give/kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State of foreign country) 12. CITIZEN OF WHAT COUNTRY ofter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (If yes, give wor or dates of service) 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which) gove rise to immediate DUE TO cause (a), stating the underlying couse lost. PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO T 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OF CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) Hour Q. fl. Not while While at work p. m. 21. I certify that I attended the deceased fram. 2- 196 That I last saw the deceased alive an and that death occurred at /____ M, fram the causes and an the date stated abave. ADDRESS (Street, city or town, state) DATE SIGNED be retained by NERAL DIRECTO 3 should be de SIGNATURE PHYSICIAN'S NAME (Type) 22b. DATE THEREOF 220 BURIAL CREMATION. 224 NAME OF CEMETERY OR CREMATORY 220 LOCATION (City, town, or county) (Stole) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS & 24b. REGISTRAR'S SIGNATURE 24a, REC'D BY REGISTRAR 9 '62 Cirthur S. Thank eane Hue DATE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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	PLACE OF DEATH a. COUNTY Prince Ge b. CITY OR TOWN (il outside comp		MARYLANI	a. STATE D.	CE (Where deceased lived, If b. COUNT) (If outside corporete limits, write)	ITY 🖶	
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	d. NAME OF HOSPITAL OR INSTI Glenn Dale Hosp		spital, give street address)	d. STREET ADDRESS	LO O. St., N.W.		o. IS RESIDI
	NAME OF DECEASED (Type or print)	fini Hugh	Middle B.	Johnson	4. DATE Month OF DEATH	Dey	Year 19
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WEDIC!		s hospital) atter	nded the deceased fro	m. 1/12/	3862 to 3/7/	, 1962, the date on the date	hat (I) (we ate stated e
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MARYLAND STATE DEPARTMENT OF HEALTH

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A		Division of STATISTICAL RESEARCH AND RECORDS,		ARYLAND
FOR STATE		03637 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	13631
HEALTH DEPT.		PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If Institution: Re	sidence before admission)
age.			a. STATE Maryland b. COUNTY Prin	ce George!
S. FEINI	-	Prince George 8 MARYLAND c. CITY OR TOWN (if outside corporate limits, write RURAL and give naerast town) C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and	give naarasi town)
irecto your		Cheverly D.O.A.	49 Mount Rainier	
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y dela unera ined f ate B ath.		Prince George's General Hospital	4604 25th Street	YES NO
s fur fain Stat eart	3.	NAME OF First Middle DECEASED	Last 4. DATE Month OF	Dey Yeer
in the		(Type or print) Julia M	Kelly DEATH March	2. 1962
aft aft	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	DATE OF BIRTH 9, AGE (In years IF UNDER 1) Bast birthday) Months D	
and and 2 will bours		Female White WIDOWED DIVORCED S	Sept 12, 1891 70 yrs. Months BY H. BIRTHPLACE (State or foreign country)	eys Hours Min.
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7 - 20 - 7		Housewife Own Home		S. A.
24 hour Pages M3. Pages within	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Tie Per 2		Patrick Ducey	Mary Derskin	
8. Grand form		WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II s, no, or unkown] (If yes give war or detas of service)		
ed vith vith erm		No None Jo	ohn Henry Kelly, same as #	2
ecut in the		18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).] PART I. DEATH WAS CAUSED 8Y:		ONSET AND DEATH
icil in along ransit		IMMEDIATE CAUSE (a) Acute congestiv	ve heart failure	
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ding ding er's as a		(a), stating the underlying DUE TO		
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rd "prid be us	CERTIFICATION	PART II. OTHER SIGNIFICANT COMMING TO SEATH BUT NO	The feet of the feet and the district continuous district in the feet and the feet	PERFORMED?
SIL ON POPULA	FICA	20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (E.	Enter neture of injury in Pert I or Pert II of item 18.)	YES NO XX
Medishoul	CERTI	PRIMARY OF CONTRIBUTING CAUSE OF DEATH.		
EXAMINER. ste, writing the Chief Marker. R: Page 3 shrior to burial,	1 "	20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 2De. PLA	CE OF INJURY (Homa, farm, 20f. (City or town) (Coun	ty) (State)
wrii wrii to to to	MEDICAL	Hour e.m. While Not While fector	ory, street, office bldg., atc.)	
EX.	2	21. I certify that I took charge of the remains described above, help	eld an Autopsy , Inspection X, Inquiry X,	and in my opinion
		death resulted from: Natural causes X; Accident [], Suici		
the certification of the certi			CHIEF MEDICAL EXAMINER	
H는 50 5		ACTUAL CONSTRUCT OF A SAME	M.D. ASSISTANT MEDICAL EXAMINER	DATE SIGNED
- 01		SIGNATURE		19 169
EPUTY No se execute ould be found be found be foun ERAL se designate		NAME (Typa) JAMES I. BOYD. M.D.		/2/62
should be derived by the state of the state	220	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR	R CREMATORY 22d. LOCATION (City, town, or country)	(Stete)
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RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

> e. IS RESIDENCE ON A FARM?

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INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO

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(State)

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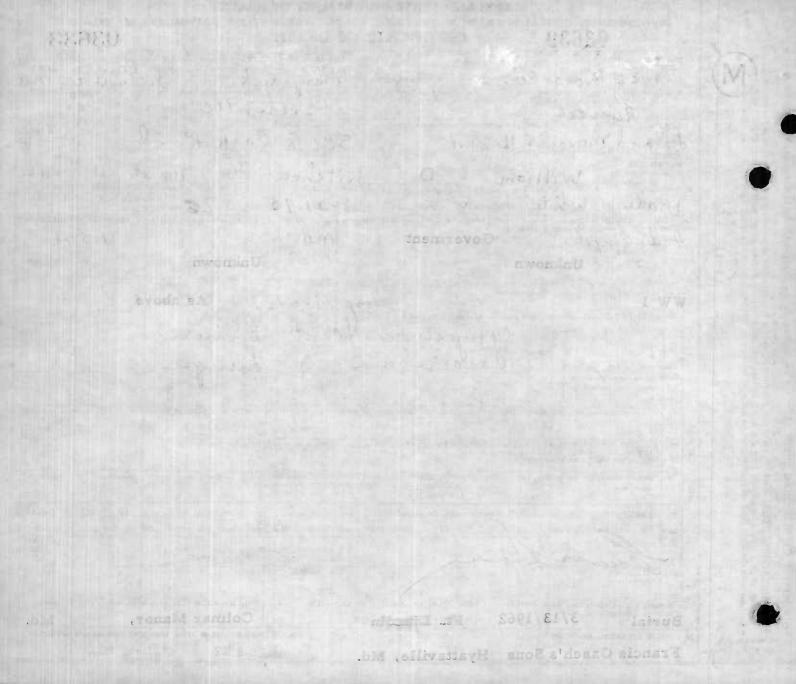
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Page 4 may be retained by the hospital or attending physician.	IERAL DIRECTOR: After this certificate has been signed by the attending physician and callely fill	page 3 should be detached for use as the burial-transit permit. Then please remove carboiled pers. Page 3	with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 0363 03633

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where d	eceesed lived, If institution: Res	sidence before admission
IRINGE GORGE CU, MARYLAND	maryland	Bellev	ille, ma
b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest jown)	c. CITY OR DWN (If outside corp	porete limits, write RURAL end	give neerest town)
Kiverdale	74 13 ellevil	le	
NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS	100	e. IS RESIDENCE ON A FARM?
deland Memorial Hospital	1500 x Cook	1 Cood	YES NO
3. NAME OF First Middle DECEASED	Last 4. DATE OF	0	Dey Yeer
(Type or print) William D.	Titchen DEATH	Marien	11 1962
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	B. DATE OF BIRTH	lest birthdey) Months De	EAR IF UNDER 24 HRS.
Male White WIDOWED DIVORCED	8-21-92	6 5 yrs.	
10a. USUAL OCCUPATION (Give kind of work dong during most of working life, even if retired)	RY 11. BIRTHPLACE (County & State, or	foreign country) 12, CITIZ	EN OF WHAT COUNTRY?
Fed, ampl. Government	mo.	(1.5.14
13. FATHER'S NAME / IInknown	14. MOTHER'S MAIDEN NAME Unkn	Oxen	
7 Unknown	- Olikii	OWII	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1 (Yes, no, or unknown) (Ifyesgivewerordetesofservice)	INFORMANT	Address	
737 737 1	sp. Records,	As above	
18. CAUSE OF DEATH (Enter only one ceuse per line for (e), (b), and (c).)	11	1	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Congestive	Heart Fac	lure	
DUE TO	· O		
Conditions, if eny, which (b) Calceron	a Due	ugs,	
geve rise to immediate cause (a), stating the underlying DUE TO	8		
ceuse lest. (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE	CONDITION GIVEN IN PART 1	I(e) 19. WAS AUTOPSY PERFORMED?
			YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	. (Enter neture of injury in Pert I or Pert I	II of item 18.)	
0		ly or town) (Count	(Stete)
Hour a.m. p.m. While Not While et work et work	tory, street, office bldg., etc.)		
21. I certify that (I) (this hospital) attended the deceased from.	19 to		that (I) (we) last
A	death occured at 3.74M, from		
22e. SIGNATURE			22b. DATE
tolow Hours	ATTENDING MED. PHYS. DIRECTOR	T PHYS.	SIGNED
22c. CHYSTCIAN'S NAME (Type)	22d. ADDRESS		
230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOC	CATION (City, town or county)	(Stete)
Burial 3/13/1962 Ft. Lincoln	Colr	mar Manor,	Md.
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25e. REC'D BY REGIS	STRAR 256. REGISTRAR'S SI	
Francis Gasch's Sons Hvattsville, Mo	DATEMAR 13 '6	2 arthur & 1	Trains
discress of the state of th	The state of the s		



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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 03640 CERTIFICATE OF DEATH

03634 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Prince George's MARYLAND Maryland

I	b. CITY OR TOWN (I RURAL and give no Hyattsvil		ts, write	c. LENGTH OF STAY		c. CITY			orote limits, write R				e, M
	OK HASHITOHOIT	Al (Applichaspital), salle Road	BHEM	address)		d. STRI			VVe/Md/		. W .	ON	SIDENCE A FARM?
1	NAME OF DECEASED (Type ar print)	JOSEPH		Middle	ŀ	KNEES	last SSI	4. DATE OF DEATH	Mar.		1	.5,	Year 19 62
5.	female	6. COLOR OR RACE white	7. MARE	RIED NEVER MARRIE DIVORCED		8. DATE OF Feb 2	BIRTH O, 188	3	9. AGE (In years last birthday) 79 yrs.	Manths	-	Hours	DER 24 HRS Min.
100	during mast of warl	ON (Give kind af wark king life, even if retired ISEWIFE)	KIND OF BUSINESS OF	RINDU		Penna.		country)	12. C	U S		COUNTRY
13.	FATHER'S NAME Frank	J Prott	X I			14. MOTH	TER'S MAIDEN	Koch					
		R IN U. S. ARMED FOR IIf yes, give war or dates of s		SOCIAL SECURITY NO.		ewart	Kneess	si	Addi Riverdal		1d.		
		ATH [Enter only one of TH WAS CAUSED BY: IMMEDIATE CAUSE (c	1	ne far (a), (b), and (c).]	ic	Car	cono	no	- Garesta	lye	S INT		ETWEEN D DEATH
	170 X Canditians, if a	DUE TO		arcen	(reast		2	non	eth
	gave rise to immediate cause (a), stating the <u>under-lying cause last.</u>						7	JI.			I	hne	enga
CATION		TER SIGNIFICANT CON		CONTRIBUTING TO DEA	TH BUT	NOT RELATE	1	MINAL DISEAS		EN IN PA	ART 1(a)	PERF	AUTOPSY ORMED?
CERTIFI	20d. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OF	CCURRE	D. (Enter nat	ure of injury in	n Part I ar Pa	rt II af item 18.)				
MEDICAL	20c. TIME OF INJUR Haur a. m. p. m.	Y Manth, Day, Ye	While				JRY (Hame, far affice bldg., e		y ar tawn)		(Caunty)		(State)

1958, to March 15, 1962, that (1) (we) last 21. I certify that (1) (this hospital) attended the deceased fram. 1822, and that death accurred a 2.48, from the causes and an the date stated above. saw the deceased alive an 22a. SIGNAT

ATTENDING PHYS. M.D. 22d. ADDRESS

MED. DIRECTOR STAFF PHYS. Riverdale Md

SIGNED March 15, 1962

22c. PHYSICIAN'S D. R. Purdie NAME (Type)

23b. DATE THEREOF

23c. NAME OF CEMETERY OR CHEMATORY

23d. LOCATION (City, town, or county)

(State)

March 17, 1962 Ft Lincoln Cemetery 24. FUNERAL DIRECTOR'S SIGNATURE Gasch's Sons

23a. BURIAL, CREMATION,

a. COUNTY

Prince George

Hyattsville, Md.

25a. REC'D BY REGISTRAR

Colmar Manor, Md. 25b. REGISTRAR'S SIGNATURE

DATE MAR 2 0 '62

Telebook of the Test State of Control THE RESIDENCE OF THE PROPERTY THE CONTRACT OF STREET STREET, THE STREET AND STREET AN

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Prince George's Prince George's MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) write RURAL and give nearest town! your East Riverdale 11 years
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) East Riverdale d. STREET ADDRESS a. IS RESIDENCE ON A FARM? 58th Avenue YES NO Y 5211 3. NAME OF 58th Avenue Middle DATE Month Year DECEASED (Type or print) DEATH March 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Female WIDOWED [DIVORCED January

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE 4 CT 10 1Da. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) TISA Housewife Home Ohio 14 MOTHER'S MAIDEN NAME CHARLES SWISHER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT ALBR IGHT Address (Yes, no, or unkown) | (Ifyesgive war or dates of service) Arthur Cristian Krites Same as None 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute pulmonary edema ' in pencil Office ald DUE TO Congestive heart failure "pending" i Examiner's C used as a b gave rise to immediate cause DUE TO ese execute the certificate, writing the word "pending should be forwarded to the Chief Medical Examiner' FUNERAL DIRECTOR: Page 3 should be used as saith or its designated agent, prior to burial, cremating (a), stating the underlying part II. Other Significant Conditions Contributing to death but not related to the terminal disease Condition given in part 1(0) 19. Was autopsy CERTIFICATION PERFORMED? YES NO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, 20f, (City or town) (County) (State) factory, street, office bldg., etc.) While Not While et work at work Inspection 21. I certify that I took charge of the remains described above, held an Autopsy Inquiry and in my opinion death resulted from: Natural causes * Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Address (Street, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 22a, BURIAL, CREMATION, 22b, DATE THEREOF 22d. LOCATION (City, town, or country) REMOVAL (Specify) Ft. Lincoln Colmar Manor, Md. Burial ADDRESS 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VR A15MF DATE MAR 2 9 '62 Francis Gasch's Sons arthur S. Thous 5M 1/62 Hyattsville, Md.

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1.	PLACE OF DEA	03642 TH				IDENCE (Where			nce before admission)
	PRINCE	GEORGES		MARYLAN	a. STATE MARY	LAND	b. COUN	INCE GEO	RGES
	b. CITY OR TOWN	N (if outside corporate I	limits,	c. LENGTH OF STAY IN	c. CITY OR TO	OWN (If outside co	orporata limits, writ	a RURAL and give	nearest town)
	ANDREW:	S AIR FORCE	E BASE	1 DAY	19 SUITI				
	d. NAME OF HOS	PITAL OR INSTITUTIO	N (if not in hosp	oitat, give straat address)	d. STREET AD				IS RESIDENCE ON A FARM?
3	US AIR	FORCE HOSE				TERRACE			YES NO X
3.	DECEASED (Type or print)	FRAN	irst TV	Middle	Last	4. DAT			Yaar
5	SEX SEX			JOSEPH	LANDRY JE	dea:	PIARC		19 62 I IF UNDER 24 HRS.
	MALE	CAUCASTA	7. MARRIED	NEVER MARRIED			9. AGE (In years last birthday)	Months Days	Hours - Min.
		CAUCASIA ATION (Giva kind of w		DIVORCED DIVORCED DIVORCED DIVORCED	II - YIIII		утз.	1 12 CITIZENI	OF WHAT COUNTRY
de	one during most of	working lifa, even if ra	tired)						JE WHAT COUNTRY
13	. FATHER'S NAME	ONE		NONE	PRINCE (GEORGES,	MARYLAND	UNITE	D STATES
		SEPH LANDRY	. 50		ETHEL				
				SOCIAL SECURITY NO.		BAILEY	Address		_
(Y	es, no, or unkown)	(If yas give war or datas	ofservice)						
=		DEATH lentar only	ona causa par lir	NONE	FRANK J LAN	DRY (FAT	THER) SAI	ME AS IT	EM #2
-	PART I. DE	ATH WAS CAUSED BY	· idial	na for (a), (b), and (c).]	demonthage	cerebra.	l, massi	ve, Q	NSET AND DEATH
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MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution; Residence before edmission) e. COUNTY director. Page or your files. b. COUNTY Prince George's Coshockon MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) write RURAL and give neerest town) State Board of d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) Walhonding d. STREET ADDRESS Prince George's General Hospital Rural 3. NAME OF First Middle Last 4. DATE Month DECEASED (Type or print) Emma Jane DEATH Langdon March 1 and 2 with 172 hours afte 6. COLOR OR RACE 7. MARRIED TNEVER MARRIED B. DATE OF BIRTH 9. AGE (In years I IF UNDER 1 YEAR may (ashbirthday) and White March 17, Female Months 1895 WIDOWED T DIVORCED [10 10s. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) thin 24 hours after Give Pages 1, 2, arm PM3. Page 5 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Own home West Virginia U. S. A. pages 1 within 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Robert Bennett Sarah Tanner File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (Ifyes give wer or detes of service) Office along with no John Frederick Langdon, same as # 1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] burial-transit PART I. DEATH WAS CAUSED BY. Congestive heart failure IMMEDIATE CAUSE (e) in pencil DUF TO C ardiovascular renal disease Conditions, if eny, gave rise to Immediate cause n "pending" **DUE TO** Examiner 98 (e), steting the underlying 0 nsed cause lest. cremation PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e); 19. WAS AUTOPSY CERTIFICATION pe Word pino 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. Chief MEDICAL 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) fectory, street, office bldg., etc. While Not While Hour am et work et work p.m. OR: 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X Inquiry X ase execute the certific should be forwarded to FUNERAL DIRECTC death resulted from: Natural causes X, Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER 3/5/62 EXAMINER'S ames I. Boyd NAME (Type) Address (Street, city, town, or county) 220. BURIAL, CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) 240. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE

VS. A15ME 5M 9/60

8 '62

arthur S. Mana

e. IS RESIDENCE

ON A FARM?

62

19

Hours

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED?

and in my opinion

DATE SIGNED

NO 4

(Stete) -

IF UNDER 24 HRS.

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is necessary, the funeral director. Page To do retained for your files. Departme TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any dear is an ease execute the certificate, writing the word "pending" in pendil in Item 18. Give Pages 1, 2, and 3 to the funeral direct should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may retained for you TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Depart Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. VR A15ME 5M 1/62

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 00000

1			00000
	1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If instit	ution: Residence belore edmission)
ì	Prince George s MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b	e. STATE Maryland Pri c. CITY OR TOWN (If outside corporate limits, write RUI	nce George s
	write RURAL end give nearest town)	66 East Riverdale	
۱	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS	e. IS RESIDENCE
ı		1 - 100 - 5011	YES NO
1	Prince George's General Hospital	5420 56th., Avenue	Dev Yeer
	DECEASED (Type or print)	OF DEATH	
	Robert Bullington	Lantz March	27th., 1962
1	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	DATE OF BIRTH 9. AGE (In yeers IF U last birthday)	INDER 1 YEAR IF UNDER 24 HRS. onths Deys Hours Min.
ı		Nov. 4th. 1896 65 yrs.	
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Y 11. 8IRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
)	Salesman Insurance	Penna.	U.S.A.
1	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	0.0.5.
1	Topos Nowton Lents	LIMINATURAL DESERTE	• • •
1	Isaac Newton Lantz 15. Was deceased ever in U.S. Armed Forces? 16. Social Security NO. 17. 11	NFORMANT WANDWN - Buffingt	on
١	(Yas, no, or unkown) (Ifyesgivewerordatesofservice)	Name Tanana Tana	110
1	Yes WW 1 184-10-0319 18. CAUSE OF DEATH [Enter only one couse per tine for (b), (b), end (c).]	Norma Lowery Lantz s	ame as #2.
1	DART I DEATH WAS CAUSED BY.		ONSET AND DEATH
ı	IMMEDIATE CAUSE (a) And AC IMP	odnade	
-	DUE TO	contract to	1
ı	Conditions, if any, which	fanction c supture	1 62.8.15
1	gave rise to immediate cause DUE TO	1111	
1	couse last. (c) CONONAUITALECE	oscillot a HEMI VISEASE	4EAS
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN I	N PART 1(e) 19. WAS AUTOPSY PERFORMED?
	秦		YES NO
ł	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT 208. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING COURSE. (Expression of the course of pearly) 208. EXTERNAL CAUSE WAS CAUSE OF DEATH.	nter neture of injury in Pert I or Pert II of item 18.)	
1	PRIMARY OF CONTRIBUTING CAUSE OF DEATH.		
1	ZOc. TIME OF INJURY Month, Dey, Yeer 2Dd. INJURY OCCURRED 2De. PLACE	CE OF INJURY (Home, ferm, ; 20f. (City or town)	(County) (State)
1	Thou s.m.	ory, street, office bldg., etc.)	
1	7.11		7
ı	21. I certify that I took charge of the remains described above, hel		
1	death resulted from: Natural causes Accident , Suicident , Suicide		er
1		CHIEF MEDICAL EXAMINER	
1	SIGNATURE James J- Land	M.D. ASSISTANT MEDICAL EXAMINER	DATE SIGNED
	EXAMINER'S	DEPUTY MEDICAL EXAMINER	3/27/62
	NAME (Type) JAMES I. BOYD, M.D.	Address (Street, city, town, or county)	0/21/02
	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR	CREMATORY 22d. LOCATION (City, town, or	coupity (Stete)
	Burial 3-30-1962 Men Run	Cernitery atglen,	Kenna
	23. FUNERAL DIRECTOR ADDRESS ADDRESS	/ 1/4 . /	AR'S SIGNATURE
	W. W. Chambers 60. Viverdalo,	9ng NAR 3 0 '62 Co	thur S. Phone
ш		/ LUNIE	

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) e. COUNTY b. COUNTY FINCE the 12 MARYLAND b. CITY OR TOWN (if outside corporete limits, c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) pue c. LENGTH OF STAY IN 1b þ write RURAL end give neerest town) .= iverdale Universi Pages filled e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS ON A FARM? YES NO X 3. NAME OF 4. DATE Middle Yeer DECEASED OF (Type or print) DEATH 1962 esher March 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 6. COLOR O RACE 7. MARRIED NEVER MARRIED last birthday) Months Davs Hours WIDOWED DIVORCED physician 10a. USUAL OCCUPATION (Give kind of work 10b KIND OF BUSINESS OF INDUSTRY 11. BIRTHPLACE (County & State, or toreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even it retired) Engraving 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Then please .= attending and esner 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT removal, (Yes, no, Augkown) | (If yes give wer or detes of service) physician. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] signed by ONSET AND DEATH I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) the burial-fransit DUE TO affending geve rise to immediate cause DUE TO (e), steting the underlying burial, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? as 0 NO Z 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury In Pert I or Pert II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Steta) 20c. TIME OF INJURY Month, Dey, Yeer fectory, street, office bldg., etc.) While Not While Hour a.m. et work et work DIRECTOR: 1962 10....., 19....., that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from..... and that death occured at A.M. from the causes and on the date stated above. saw the deceased alive on 22b. DATE 22e. SIGNATURE ATTENDING SIGNED PHYS. DIRECTOR PHYS. M.D. 22d, ADDRESS 22c. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stete) 23a. SURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Cedar Hill Cemetery March 6, 1962 Suitland Md. ADDRESS 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Cirting S. Trans F. Gasch's Sons Hyattsville, Md. DATE

The law requires that the death certificate

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MARYLAND STATE DEPARTMENT OF HEALTH

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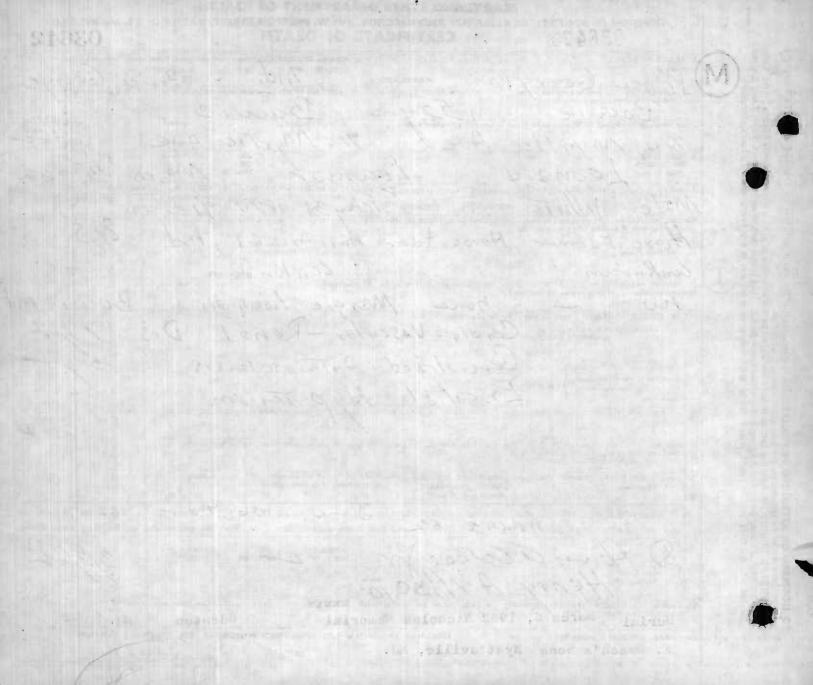
13	DIVISION OF STATISTICAL RESEARCH AND REC	TE DEPARTMENT OF HEALTH CORDS, 301 W. PRESTON STREET, BALTIMORE 1, A CATE OF DEATH	MARYLAND						
should	1. PLACE OF DEATH a. COUNTY Prince Georges	2. USUAL RESIDENCE (Where decessed lived, If Institution: It a. STATE b. COUNTY	Residence before admission?						
and 2 death.	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY)	DIDOLICO OI OCICUIOTE	d give neerest town)						
80	write RURAL and give necrest town) Rural (Glenn Dale) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address	d. STREET ADDRESS	a. IS RESIDENCE ON A FARM?						
1 /2 hou	Glenn Dale Hospital 3. NAME OF First Middle DECEASED (Type or print) JULIAN CLARK	LEVELL 4. DATE Month OF DEATH March	Day Year 9 19 62						
	5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED WHITE WIDOWED DIVORCED	B. DATE OF BIRTH Dec. 28, 1900 9. AGE (In yeers FUNDER 1	YEAR IF UNDER 24 HRS. Deys Hours Min.						
	10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) Cab-driver Taxi		IZEN OF WHAT COUNTRY?						
T	Bureguard Levell	14. MOTHER'S MAIDEN NAME Martha Skelton							
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (Ifyesgivewarordetesofservice) NO — unknown	Person Address							
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infa	rction, recurrent	INTERVAL BETWEEN ONSET AND DEATH						
	geve rise to immediate cause	y heart disease	unknown						
7	(e), steting the underlying DUE TO cause lest. (c)	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR	T 1(a): 19. WAS AUTOPSY						
0.	Senign prostatic hypertrophy with	urethral obstruction.	YES NO X						
		CCURED. (Enter neture of injury in Part I or Pert II of item 18.)							
	20c. TIME OF INJURY Month, Dey, Yeer Hour a.m. p.m. 19 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, fectory, street, office bldg., etc.) at work at work								
	21. I certify that (I) (this hospital) ettended the deceased saw the deceased alive on	from $1/15/62$, 19 p., to $3/9/$, 19 d that death occurred et 5.11 M, from the causes and on	the dete stated above.						
	220. SIGNATURE UNE Wen		March 9,19820						
1	PHYSICIAN'S NAME (Type) Moe Weiss, M.D.	Glenn Dale Hospital. Glenn							
	Burial 3/13/62 7t. Line	oln Censifory Bladensburg, m	di						
R	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ammers Bettless 1661 See	258. REC'D BY REGISTRAR 256. REGISTRAR'S CANANA	SIGNATURE 2. Thurs						
Du		LAC							

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To will be a subject to the state of the state WHAT IS THE RESERVE OF THE PARTY OF THE PART Committee of the contract of t

301 W. PRESTON STREET, BALTIMORE 1, MARYLAND PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) COUNTY b. COUNTY the d MARYLAND 38 679 ES runco CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate timits, write RURAL and give nearest town write-RURAL end give nearest lown) filled in Pages 1 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) a. IS RESIDENCE d. STREET ADDRESS ON A FARM? YES NO NAME OF DATE Middle Yaar DECEASED OF (Type or print) DEATH 19 IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER 1 YEAR | and last birthday) Months Days Hours WIDOWED DIVORCED physician USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY | 11 IRTHPLACE (County & State, or foreign country) done during most of working tifa, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending | plea 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address requires that the (Yes, no, or unkown) | (If yes give war or dates of service) the 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: ard10 IMMEDIATE CAUSE (a) DUE TO ending insclausis Conditions, if eny, which gave rise to immediate cause DUE TO (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) | 19, WAS AUTOPSY CERTIFICATION as PERFORMED? NO D 20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 4 may be retained by the DIRECTOR: After the 3 should be detached 20e. PLACE OF INJURY (Home, farm, ; 20f. (City or town) (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | (County) factory, street, office bldg., atc.) Not While While Hour e.m. at work at work p.m 21. I certify that (I) (this hospital) attended the deceased from 1956 to 1957 to 1962 that (I) (we) last saw the deceased alive on... 22b. DATE SIGNED ATTENDING MED. STAFF PHYS. -DIRECTOR PHYS. UNERAL 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23a. BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CHEMOSERY 23d, LOCATION (City, town or county) (State) 23c. REMOVAL (Specify) March 6, 1962 Nicholas Memorial Odenton Md 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 7/61 F. Gasch's Sons Hyattsville, Md. arthur S. Kraya DATEMAR

DEPARTMENT OF HEALTH



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH CERTIFICATE 03648 funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institutions Residence before edmission) e. COUNTY COUNTY MARYLAND arunce 2 he by the b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) c. LENGTH OF STAY IN 1b write RURAL and give neerest town) 1mg. 12d Oron Hill Suitland d. STREET ADDRESS a. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ON A FARM? 4408 Brockton YES NO Suitland Nursing Home 3. NAME OF Middle Day Yaar DECEASED DEATH (Type or print) 1962 Sums 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 8. DATE OF BIRTH last birthday) Months Days Hours WIDOWED I IDe. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 1Db. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or foreign country) does during most of working life, evan if retired painter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Abnie Leane 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (If yas give war or dates of service) 18. CAUSE OF DEATH [Enter only one cause of Type] or (a), (b), and (c). INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO (b) gave rise to immediate causa DUE TO (a), steting the underlying cousa last. TO THE JERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY PERFORMED? 2Db. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I of Part It of itam 18.) OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY 2Dd. INJURY OCCURRED | 2De. PLACE OF INJURY (Homa, farm, 2Df. (City or town) (County) (Steta) Month, Day, Year factory, straat, offica bldg., atc.) Not Whila Whila Hour a.m. at work | et work attended the deceased from....., 19......, that (I) (we) last 21. I certify that (1) (this hospital) M, from the causes and on the date stated above 19...... and that death occured at the deceased SIGNATURE 22a. ATTENDING DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stata) 23e. BURIAL, CREMATION, | 23b. DATE THEREOF REMOVAL (Spacify) Mt. Olivet Cem Washington 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S **ADDRESS** VR A15 (4) 300-4th St. N.E. Washpare MAR 1 15M 9/60 Funeral Home

ARYLAND STATE DEPARTMENT OF HEALTH

2,300.0 14 Louis believed . by modeloers core dono la probitosemon! 1 HOURS ... 1001 4 Learnand Luono-Vierna, Virginia Les Runerall Mone > 300 Ath St to D wash Darang Hell

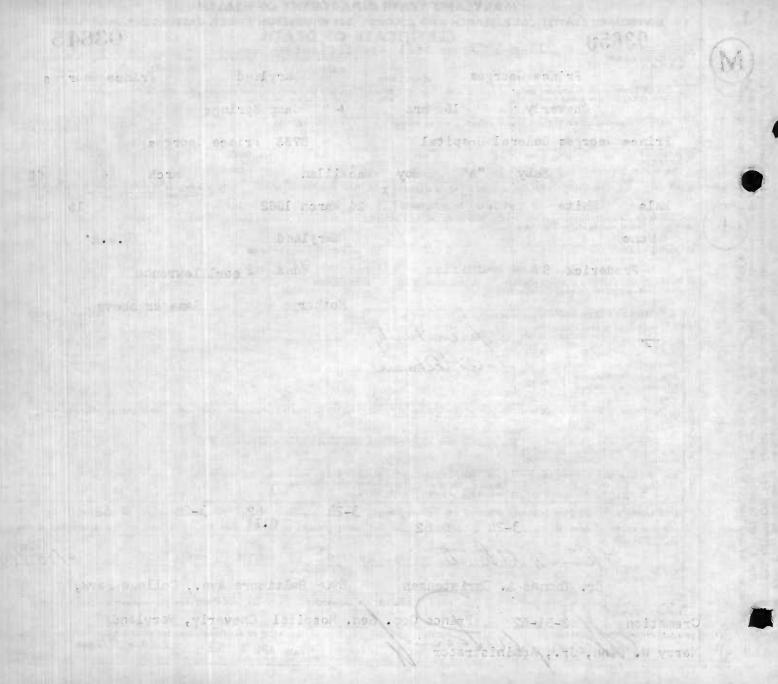
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S FOR STATE CERTIFICATE OF DEATH HFALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution, Residence before edmission) e. COUNTY b. COUNTY Prince George 's Page of "Health Prince George's Maryland the funeral director. Pagretained for your files. MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporata limits, write RURAL and give neerest town) write RURAL and give nearest town) Cheverly 7 days Lanham d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM Prince George's General Hospital retained he State B Defense Highway Bex 266 YES NO A 3. NAME OF Middle Month DECEASED (Type or print) Norman Magland DEATHMarch Magnus 62 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthdey) Months nould be executed within 24 hours after de:
"in pencil in Item 18. Give Pages 1, 2, and
Office along with form PM3. Page 5 in
burial-transit permit. File pages 1 and 2 wi
moval, and in any event within 72 hours. 6-21-1900 Caucasian WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Retired News Reporter Philadelphia. Pa. U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME C. MacLeod William Sarah Jane McKelvie 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (Ifyesgive werordetes of service) Margaret S. MacLeod same as #2 1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Second and Third Degree Burns (43% body area) 7 days IMMEDIATE CAUSE (e) removal DUE TO Conditions, if eny, which "pending" geve rise to Immediate cause Medical Examiner's should be used as a DUE TO (e), steting the underlying be used cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY sase execute the certificate, writing the word should be forwarded to the Chief Medical EFUNERAL DIRECTOR: Page 3 should be its designated agent, prior to burial, cremati PERFORMED? Coronary Arteriosolerotio Heart Disease NO . 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. Clothing ignited when deceased struck a match. 20c. TIME OF INJURY Month, Dey, Yeer 2Dd. INJURY OCCURRED | 200. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) Hour a.m. March 25 19 62 et work et work factory, street, office bldg., etc.) Lanham, Prince Georges, Md. 21. I certify that I took charge of the remains described above, held an Autopsy X. Inspection X. Inquiry X. and in my opinion death resulted from: Natural causes | Accident X. Suicide Undetermined manner Homicide CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED SIGNATURE James I. Boyd. M.D. NAME (Type) Address (Street, city, town, or county) 22e. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Slete) REMOVAL (Specify) Ca400 Fernwood Cemetery Philadelphia, Pa. burial 23. FUNERAL DIRECTOR 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE St. N.W. The S.H. Hines Co. C - 47 I Knuer Washington 9. 5M 9/60

LAND STATE DEPARTMENT OF HEALTH

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		b. CITY OR TOWN write RURAL a	nd give neares	rporate limits t town) ver ly	, с	15 hrs	IN 1b	c. CITY OR TOWN	(If outside co	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	e RURAL and	lgiva ne	arast tow	n)
77			PITAL OR INST	TITUTION (IF		al, give street addres	5)	d. STREET ADDRESS		1160			e. IS RE	SIDE A FA
	3	Prince NAME OF	George	s Gene	ral Ho	spital Middle		6733	Prin	oe Georg		Day	YES Year	
		DECEASED (Type or print)		Baby	"A	" Boy		Millan	OF DEAT	H Mar	oh	24	19	6
	5.	SEX	6. COLOR	OR RACE	. MARRIED	NEVER MARRIED	8. D/	TE OF BIRTH		9. AGE (In years last birthday)		YEAR	IF UNDER Hours	24 M
1		Male	White	-	WIDOWED [March 19		yrs.			15	
1)	do	None	ATION (Give k working lifa, ev	ind of work ven if retirad	1Db. KIND	OF BUSINESS OR I		Maryland		or foreign country)		S.A.	WHAT	OU
	13.	FATHER'S NAME					14.	MOTHER'S MAIDE	NAME					
			derick	_				Edna	Pes	arl Lawre	nce			
	15. (Ya	s, no, or unkown)	EVER IN U.S. A (If yas give war	RMED FORC	ES? 16. SO vica)	CIAL SECURITY NO	17. INFO	RMANT		Addrass				
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						for (a), (b), and (c).	. /					ONS	ET AND	DEAT
		PARI I. DEA	IMMEDIATE	CAUSE (a)_	p	rematur	ily							
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0	HON	Conditions, if a gave rise to imme (a), stating the cause last.	ny, which adiate cause underlying	DUE TO (b) DUE TO (c)				LATED TO THE TERM	NNAL DISEAS	E CONDITION GIV	EN IN PART		PERFO	RME
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6		Conditions, if a gava rise to immi (a), stating the causa last. PART II. OTH 20a. ACCIDENT OR CONTRIBUTIN (IF EITHER, NOTI 20c. TIME OF IN Hour a.m. p.m.	IMMEDIATE Iny, which adiate cause underlying HER SIGNIFICA WAS UNDERL' IG CAUSE FY MEDICAL E JURY Mont that (I) (the assed alive	DUE TO (b) DUE TO (c) NT CONDITI YING DEF DEATH OF DEATH EXAMINER) 19 nis hospita	20b. DESCRI	IBUTING TO DEATH IBE HOW INJURY O URY OCCURRED Not Whila at work d the deceased	BUT NOT RECOURED. (En	tar natura of injury i DF INJURY (Homa, fa street, offica bldg., a	rm, 2Df. (C	t II of itam 18.) iity or town) o3-21	(Cour	YE	at (I) ((State
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	DIVISION OF STATISTICAL RESEARCH AND REC	CARR OF BEARIN	TIMORE 1, MARYLAND
	03651 CERTIFIC	CATE OF DEATH or. from birth certificat	03646
1.	PLACE OF DEATH a. COUNTY Prince Georges MARYLA	2. USUAL RESIDENCE (Where deceased live a. STATE b. C	rd, if institution: Residence before admission COUNTY Prince Georges
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	IN 1b c. CITY OR TOWN (If outside corporate limits,	
_	Cheverly 27 hrs d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address	camp Sptings	l a. IS RESIDEN
	Prince Georges General Hospital	6733 Prince Geo	ON A FARA
3.	NAME OF First Middle DECEASED (Type or print) Baby Boy B	OF DESTRI	March 25 19 68
S.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED		years IF UNDER 1 YEAR IF UNDER 24 HR
	Male White WIDOWED DIVORCED	04 35 1 1050	rs. 27
	a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR IN one during most of working life, even if retired)	NDUSTRY 11. BIRTHPLACE (County & State, or foreign county	intry) 12. CITIZEN OF WHAT COUNTI
		Maryland	U.S. A.
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
10	Frederick Shaw MacMillan WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	Edaa Pearl Lawrence	Ce
	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. es, no, or unknown) (Ifyesgive war or dates of service)	. IV. INFORMANT	101932
-	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		as above Interval Between
	PART I, DEATH WAS CAUSED BY:	L	ONSET AND DEATH
	IMMEDIATE CAUSE (a) prematurit	5	
	DUE TO VOV		
	Conditions, if any, which gave rise to immediate cause		
	(a), stating the underlying DUE TO		
Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION	N GIVEN IN PART 1(a) 1 19. WAS AUTOP
CERTIFICATION	TAKI III O'III KATAMITEAN COMMINIO COMMINIO IS CANADA		PERFORMED!
IFICA	200. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OF	CCURED. (Enter nature of injury in Pert I or Pert II of item 18	
CERT	OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
1	20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 2	Oe. PLACE OF INJURY (Home, ferm, 20f. (City or town)	(County) (State)
WEDICAL	Hour a.m. While Not While at work at work	factory, street, office bldg., etc.)	
1	21. I certify that (I) (this hospital) attended the deceased	from 3-21, 162 to 3-	25 19.62, that (I) (we)
	saw the deceased alive on3-25		
	22a. SIGNATURE		22b. DA
	Of the	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	1 3/55/
	22c. PHYSICIAN'S	22d. ADDRESS	
	NAME (Type) Dr. Thomas A. Christensen	6905 Baltimore Ave.	, College Park, Md.
-	B. BURIAL, CREMATION, 236. DATE THEBEOF 23c. NAME OF CEM	METERY OR CREMATORY 23d. LOCATION (CI	
23	REMOVAL (Specify)	.Gen. Hospital Cheverly, M	d
		• OCHERIOSPICATION ON CALLY AND	
		25a, REC'D BY REGISTRAR 25t	

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 03648

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	1. PLACE OF DEATH a. COUNTY	Prince Geor	res		. USUAL RESIDI	D. C.		b. COUN		sidenca	before a	dmission)
	b. CITY OR TOWN (if	outside corporate limits,	MARYLE		c. CITY OR TOW			limits, write	RURAL and	give ne	arest tow	n)
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			of in hospital, give street eddress	1	d. STREET ADDRE	Washi	ngro	П	- 7	- / 2	e. IS RE	SIDENCE
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ũ					′5/08		last	birthday)			Hours	Min.
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	(Yes, no, or unkown) (If		(a)					Addiesa				
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3	231	~	erebrovascular	acci	rent						-	
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3	cause last.	SIGNIFICANT CONDITIO	NS CONTRIBUTING TO DEATH	BUT NOT E	FLATED TO THE TER	MINAL DISE	ASE CON	DITION GIV	EN IN PART 1	(n) 19	WASA	LITOPSY
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i	20a. ACCIDENT WA OR CONTRIBUTING [(IF EITHER, NOTIFY	CAUSE OF DEATH	DB. DESCRIBE HOW INJURY OF	CORED. (E	mer nature of injury	III Fall I Of I	ati ii oi iid	om 10.)				
	3 20c. TIME OF INJUR	Y Month, Day, Yeer	20d. INJURY OCCURRED 2		OF INJURY (Home, I		(City or to	own)	(Count	(y)		(Stete)
	20c. TIME OF INJUR Hour a.m.	10	While Not While at work at work	factory	, streat, office bldg.,	etc.)						
		at (I) (this hospital)	attended the deceased	from	2/2/	1962.	to	3/8/	. 19. (52 th	at (1) (we) les
	taw the decease	ad alive on	3/8/ 19.62, and	that d	eeth occured et	35 M	from the	causes	and on th	e det	e stated	above
Н	22a. SIGNATURE	1/1.0	4									. DATE
		course of	Mu	M.D.	PHYS.	MED. DIRECTOR	PI PI	TAFF HYS.		3	18/6	SIGNED
	22c. PHYSICIAN'S	36. 27.3	N D		22d. ADDRESS	Gle	nn Da	ale Ho	spita.	1	1-21-2	fan.
	NAME (Type)	Moe Wel	ss, M.D.			Gle	nn Da	ale, M	ld.			
	23a. BURIAL, CREMATIC	N, 236. DATE THEREO	F 23c. NAME OF CEM	ETERY OR	CREMATORY/	23d.	LOCATIO	N (City, tov	or county)		(Si	tate)
	BURIAL	3-12-1	962 ARLIN	GTO	NAT	TFO	RT	MY	ER	10	YA	
	24 FUNERAL DIRECTOR		ADDRESS	the	1AC = 25a.	REC'D BY R	EGISTRAR	25b. REC	SISTRAR'S SI	GNATU	JRE	
	W.W. C	rambers.	Do 317-11	1	1 OCTOATE	MAR 1 4	'62	1 a	thun S.	Trace	4	

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1	MARYLAND Division of STATISTICAL RESEARCH AN	STATE DEPARTMENT (D RECORDS, 301 W, PRESTO	DF HEALTH N STREET, BALTIMOR	E 1. MARYLAND
FOR STATE	03654 MEDICAL EXA	,	TE OF DEATH	02040
EALTH DEPT.	1. PLACE OF DEATH o. COUNTY		ICE (Whara deceesed lived, If In	stitution: Residence before edmission)
alth,		MARYLAND a. STATE	b. COUNTY	
S FEE M	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)		(If outside corporate limits, write I	Prince George
is no	Cheverly	O.A. Ardmore	X	
P 2 2 19	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give st		CHILD TOWN	IS RESIDENCE ON A FARM?
y de uner ined ath.	Prince George's General Ho	spital Box 385	4. DATE Month	YES NO K
the free retaine Sine Sine Sine Sine Sine Sine Sine S	DECEASED	McDonnell	4. DATE Month OF DEATH	Day Year
th ti	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER		19. AGE (In years II	12th 1962 UNDER TYEAR OF UNDER 24 HRS.
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affer of 2, 7, 7, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	T V SOCIAL STATE OF S	NESS OR INDUSTRY 11. BIRTHPLACE (Stell	or foreign country)	12. CITIZEN OF WHAT COUNTRY
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Pw3. Pw3. Pages	13. FATHER'S NAME	14. MOTHER'S MAIDEN	NAME	
form P. File p.	Thomas Francis McDonnel		ne Elizabeth	Osborn
Mit. For	IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SEC (Yes, no, or unkown) (lfyesgivewerordatesofservice)		Address	
tem literal vith with any any	18. CAUSE OF DEATH [Enter only one cause per line for (a), (i	Katherine E.	. McDonnell,	Same as # 2
il in long long ansit	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumo			ONSET AND DEATH
be ex bencil in ce alor al-tran	492X DUE TO	/III.d		
ould in p Offic buris	Conditions, if eny, which (b)			
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red "produced in Example in Examp	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING 1 20a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH.	O DEATH BUT NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVEN	PERFORMED?
5 5 5 P	20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW IN.	URY OCCURED. (Enter natura of injury in Pe	d I as Part II of item 19)	YES NO K
Medishoul	PRIMARY Or CONTRIBUTING CAUSE OF DEATH.	on occores, temot month of miles in to	TO FOR IT OF HOM TO.)	
Ariting Chief O bur	20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCC	URRED 20e. PLACE OF INJURY (Home, fers	n, 20f. (City or town)	(County) (State)
Pag pr to	20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCC While Not While Not While at work at work at work		(-)	
DR:	21. I certify that I took charge of the remains descri	ibed above, held an Autopsy .	Inspection X, Inquiry	x, and in my opinion
ent; ent;	death resulted from: Natural causes . Accide	nt, Suicide, Homicide	, Undetermined man	ner
the of th		CHIEF MEDICAL	EXAMINER	
RAL Dignated	SIGNATURE James J. 120	M.D.	DICAL EXAMINER	DATE SIGNED
d b d b d b d b d b d b d b d b d b d b	EXAMINER'S NAME (Type) TAMES T DOVI	DEPUTY MEDICA	MAN	2/12/62
shoul FUN its d	20. BURIAL, CENANDON 22b. DATE THEREOF 22c. NAME	M D Address (Streat, OF CEMETERY OF SASTEM MARY	city, town, or county) 22d. LOCATION (City, town, o	r country) (State)
0g40g	MONTANT (Specify)		Suitland Ma	arvland
v. 1	Burial Mar. 15, 1962 Washi		Suitland, M.	RAR'S SIGNATURE
SM 9/60	W. W. CHAMBERS CO., Riv	erdale, Md. DATE W	AR 15 '62 Co	hun & King
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301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) e. COUNTY b. COUNTY MARYLAND Maryland Prince George George's b. CITY OR TOWN (if outside corporele limits c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) director. Your write RURAL end give nearest town) Brentwood d. NAME OF HOSPITAL OR INSTITUTION . IS RESIDENCE ON A FARM? YES NO Y B&O R.R. Tracks intersection DECEASED (Type or print) DEATH 62 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIEDX AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthdey) Months WIDOWED ,1956 Male 5 June 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stala or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) y event None MARYLAND None USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Harry William Mc Elver Virginia Ennis 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) (If yes give we ror detes of service) Elver V. Mc Gargle Same as #2 None 18. CAUSE OF DEATH [Enter only one couse per line for (e), (b), end (c).] INTERVAL BETWEEN ong ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Hemorrhage and shock IMMEDIATE CAUSE (a) Office al DUE TO Trauma - multiple and severe Conditions, if any, which gava rise to immediate couse DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 1 19. WAS AUTOPSY CERTIFICATION old be burial, PERFORMED? NO X pluods 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) writing the e Chief Me Page 3 sho nt, prior to PRIMARY For CONTRIBUTING CAUSE OF DEATH. the Cir. BORNIJUD VOLTRED Y200 PLANSI ILMO (Ado, itr stin (City or town) MEDICAL Month, Dey, Year 20c. TIME OF INJURY (County) (State) Brentwood at work et work Md track inspection X 21. I certify that I took charge of the remains described above, held an Autopsy and in my opinion Natural causes Accident X Suicide Homicide Undetermined manner se execute the caronid be forward FUNERAL DIRE CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER 3/28/62 9 EXAMINER AMES NAME (Type) Address (Street, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or country) -1962 Fort diricolon Gen 0 VR A15ME 5M 1/62

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24 hours after

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

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1,	PLACE OF DEAT	н				H	2. USUAL RES	SIDEN	ICE (Where				n: Residen	ce before	edmissio
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-	b. CITY OR TOWN	(if outside corporate lim	its	1 c 15	NGTH OF STAY		c. CITY OR TO			morata lin	MON U	gome	ry	nearest to	wn)
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_		eorge's Ger		Hos	pital		8203	nou	us ton C	ourt				YES	NO
3.	NAME OF DECEASED	First			Middle		Lest		4. DATE OF		Month	1	Dey	Ye	ег
	(Type or print)	Wi	lliam				McGinn	1	DEAT	H	Mar	ch	22	19	62
5.	. SEX	6. COLOR OR RACE	7. MARRIE	DXN	EVER MARRIED	8.	DATE OF BIRTH		1	9. AGE (IF UND	R 24 HRS
	Male	White	WIDOWE		DIVORCED	7	August 1	4.	1902	59	rthday) vrs.	Months	Deys	Hours	Min.
10	a. USUAL OCCUPA	TION (Give kind of wor	1	hound	BUSINESS OR II	NDUSTRY			nty & Stete, o			1 12. (CITIZEN O	E WHAT	COUNTR
d		orking life, even if retire			****			_			,				
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		1: M.C:				200									
		lius McGin					Sarah .	Ro	agers						
		FR IN U.S. ARMED FOR		SOCIA	L SECURITY NO.	17. IF	IFORMANT				Address				
	no					La	venia M	cG	inn Sa	ame	as f	#2 (Wife)	
	18. CAUSE OF	DEATH Enter only one	cause per li	ine for (e), (b), end (c).			-				•		ERVAL BI	
	PART I. DEA	TH WAS CAUSED BY:	00000	d	na Prost								ON	ISET AND	DEATH
CERTIFICATION	Conditions, if en gave rise to immed (a), steting the cause last. PART II. OTHE	liate cause	Pulm	onar	y Edems	L		TERM	INAL DISEASE	CONDIT	ION GIV	EN IN PA		PERF	ORMED?
<u>V</u>													,	YES	NO [
RTIF	OR CONTRIBUTING	AS UNDERLYING CAUSE OF DEATH	20b. DES	CRIBE H	OW INJURY OF	CCURED.	(Enter nature of inj	jury in	Pert I or Part	Il of item	18.)				
		MEDICAL EXAMINER)													
MEDICAL	20c. TIME OF INJ Hour a.m.	URY Month, Day, Ye	While	No	OCCURRED 2 of While of work		E OF INJURY (Honry, street, office bld			ty or town	1)	(C	ounty)		(Stete)
	21. I certify	that (I) (this hospi	tal) attend	ded th	e deceased	from	of can		1963 to	2/	22	1	96.41	hat (I)	(we) la
		sed alive on2	122				death occured								
	22e. SIGNATURE			,	/	9 11101			A.M.	11 1110		0110 011	1110 00		b. DATE
	22c. PHYSICIAN'S	John	, K.	e	M	М.	ATTENDING PHYS.		MED. DIRECTOR [STAI PHYS					SIGNE
	NAME (Type	//							rdale	D.d.	R4 17	anda	10. 1	wa.	
	J	Dr. John						TAA			-				
23	REMOVAL (Specify	ON, 236. DATE THE		23c.	NAME OF CEM	ETERY O	R CREMATORY		23d. LOC	CATION	City, to	wn or cou	inty)	(State)
E	Burial	3/26/6	2		Ft. Lin	colr			Col	lmar	Ma	nor	,	N	Ad.
24	EUNERAL DIRECTO	R'S SIGNATURE			ADDRESS		25	ia. RE	C'D BY REGIS					TURE	
		s Sons H	yattsv	rille	e, Md.		0.4	ATE	MAR 2 7	'62	(Dithung	8. 76	alla	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed death. Page 4 may be retained by the hospital or attending physician.

TUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely corrector, page 3 should be detached for use as the burial-transit permit. Then please remove carbonapers. be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 ho VR A1S (4) 1SM 7/61

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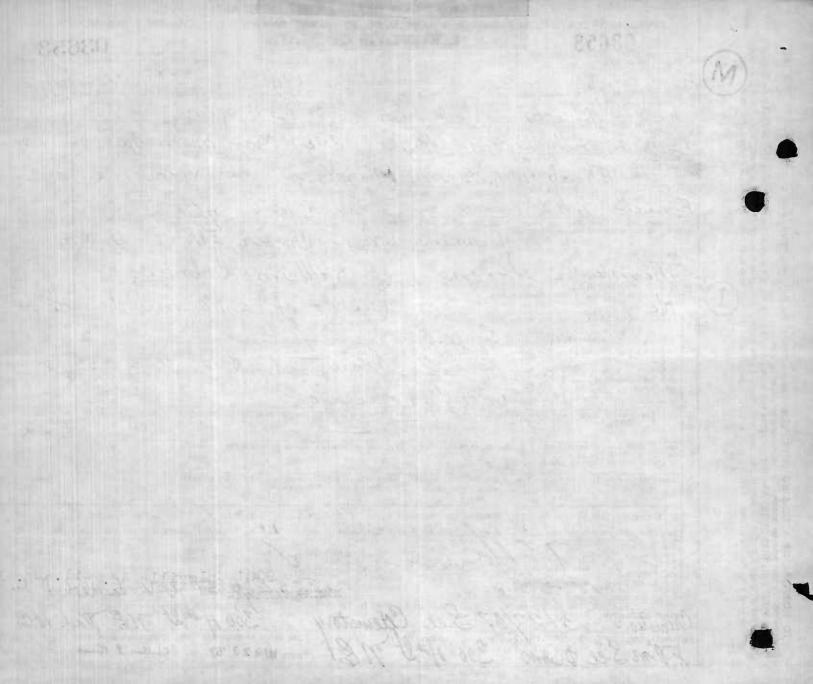
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 03652

1	1. PLACE	OF DEATH			2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)					
1		ince George's		MARYLAND	a. STATE Marvland	b. COUNTY	George's			
	b. CITY C	OR TOWN (if outside corporate lin RURAL and give nearest town)	mits,	c. LENGTH OF STAY IN 16		If outside corporate limits, write RI	JRAL end give neerest town)			
		everly		l day	28 Seat Pleasant					
7	d. NAME	OF HOSPITAL OR INSTITUTION	(if not in hos	pital, give streat address)	d. STREET ADDRESS		e. IS RESIDENCE			
1	P	rince George's	Genera	l Hospital	7308 C :	Street	YES NO			
	3. NAME DECEA	OF Fir	st	Middle	Lest	4. DATE Month	Day Year			
		(Type or print) Bernard E.				DEATH March	5 19 62			
	5. SEX	6. COLOR OR RAC	E 7. MARRIE	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years IF last birthday)				
	Mal		WIDOWE	D DIVORCED	1-13-15	1847 yrs.	Aonths Days Hours Min.			
	done during	OCCUPATION (Give kind of wo	rk 10b. K	NO OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Cour	nty & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?			
		Lesman	1001		Washingto	n D.C.	U.S.A.			
1	13. FATHER				14. MOTHER'S MAIDEN					
)	Dav	vid McIntire			Margare	et Richardson				
		CEASED EVER IN U.S. ARMED FO		SOCIAL SECURITY NO. 17.	INFORMANT	Address				
	(tes, no, or	unkown) (Ifyesgive war or deteso	tservice)	A ₁	nnabelle Mc	Intire-wife73	308-C. Street			
	1B. CA	USE OF DEATH [Enter only or	ne cause per li	ine for (a), (b), end (c).]			INTERVAL BETWEEN ONSET AND DEATH			
	P A	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive Heart Failure								
	6	4 DUE TO								
	Conditio	Pulmonary Congestion								
		gever itse to immediate cause								
	(a), ste	ting the underlying DUE To	Art	eriosclero i	Heart Diseas	se #	7			
				TRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVEN	IN PART 1(e) 19. WAS AUTOPSY			
	САПС						YES XX NO			
	OR CON	CCIDENT WAS UNDERLYING THE REPORT OF DEATH CENTER, NOTIFY MEDICAL EXAMINES	1	CRIBE HOW INJURY OCCURE	D. (Enter neture of injury in	Part I or Part II of item 18.)				
	₹ 20c. TI	ME OF INJURY Month, Day, Y			ACE OF INJURY (Home, ferr		(County) (State)			
	WEDICAL H	lour e.m. 19	While et wor	1401 1111111111111111111111111111111111	ctory, street, office bldg., etc	·/ i				
	21 1 6	ertify that (I) (this hosp	oital) atten	ded the deceased from	3/3/62.	19 to3#5	, 162., that (I) (we) last			
							d on the date stated above,			
		GNATURE /	,	-	ATTENDING	Med STAFF	31 Jab. DATE SIGNED			
	N.	MULLINE VA	~~	un ,	A.D. PHYS. 22d. ADDRESS	DIRECTOR PHYS.	11/6/			
1	ZZc. Ph	AME (Type) W/M	BR	AININ	6/17/4	utul Ane, Co	exited ligh my			
	23e. BURIA	CREMATION, 23b. DATE THE	7		OR CREMATORY	23d. LOCATION (City, town	or county) (State)			
	KEMOTA	(Specify) 3-8-6	2	Cedar Hi	ll Cem.	Suitland, N	ld.			
	24 FUNERA	DIRECTOR'S SIGNATURE	1	ADDRESS	S/ 1/250 REC	C'D BY REGISTRAR 256. REGIS				
	die	1. timorni	Hom	18 TING	CONTRACTOR	R 7'62 arthu	or S. House			
	V.K	- willy	1.000	1	78.00					

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RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS. W. PRESTON STREET, BALTIMORE 1, MARYLAND 03658 CERTIFICATE OF DEATH . PLACE OF DEATH 2. USUAL RESIDENCE (Whare deceased lived, If institution: Rasidence before admission) a. COUNTY b. COUNTY MARYLAND by the b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give pearest fown) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat/address) IS RESIDENCE ON A FARM YES NO pletely NAME OF Day Month DECEASED OF DEATH (Type or print) 19 5. SEX AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED last birthday) Months Hours WIDOWED TO 10a. USUAL OCCUPATION (Give kind of work (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 13. FATHER'S NAME ple 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no. or unkown) | (If yes give war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) LIE TO Conditions, if any, which gave rise to immediata cause DUE TO (a), stating the undarlying causa last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO A 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ' 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. While Not While at work at work 21. I certify that (I) (this hospital) attended the deceased from Feb 25 19.67 to / MC (1, 20, 19. 6. Sthat (1) (we) last saw the deceased alive on. 22b. DATE 22a. SIGNATURE ATTENDING SIGNED DIRECTOR PHYS. 22c. PHYSICIAN'S ADDRESS NAME (Type) LOCATION BURIAL, CREMATION, 1 23b. 23c. NAME OF CEMETERY OR CREMATORY 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR'S SIGNATURE 15M 9/60



Particular State S KICHAKU ISA BUSA MIKKIK I MARON AL ANALES ANALES STANK Janie, 1837 Et FREEZEMAN PRINTING SHED ENGLAND PHE OS A. Henry S. Miller Francis Elegan Carage 575-05-09 1/2 May F Boddoned First 90 th 10 Oka Trigger MMLXUI CAKCING MAIOSIE THEN KALL LE PRIMARY CA 16 THE CTO STANDARD TO THE STANDARD THE PART OF SELECTION AND A SELECTION OF SEL MARCH THE STATE OF COLD JOHN , YESTER OW DANSON College Transfer 图2011日 500 1000 1000 1000

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceesed lived, If institution: Rasidence bafora admission) e. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if oulside corporate limits; c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) à write RURAL and give nearest town) filled in I d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? YES NO NO pletely 3. NAME OF DATE Middle Yeer Month DECEASED OF (Type or print) DEATH 25 1962 5. SEX 6. COLOR OR RACE 9. AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED THEVER MARRIED lest birthdey) Months WIDOWED DIVORCED physician 10e, USUAL OCCUPATION (Give kind of work гетоуе 12. CITIZEN OF WHAT COUNTRY? County & State, or Jorevan country) done, during most of working life, even if retired) 13. FATHER'S NAME-14. MOTHER'S M 2 affending and a Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address (Yes, no, of unkown) | (If yes give war or detes of service) lan. 18. CAUSE OF DEATH (Enter only one cause per line for (e). INTERVAL BETWEEN signed by ONSET AND DEATH DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUF TO gava risa to immadiata causa DUE TO (a), steting the underlying ceuse last. the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e): WAS AUTOPSY CERTIFICATION PERFORMED? 0 NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm, 1 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) (Stata) factory, street, office bldg., etc.) While Not While Hour a.m. et work et work 21. I certify that (I) (this hospital) attended the deceased from. saw the deceased alive on. 22a. SGNATURE SIGNED ATTENDING PHYS. PHYS. M.D. FUNERAL ADDRESS 22c. PHYSICIAN'S ector, 230, NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) Sto. REGISTRANS SIGNATURE 15M 9/60

24 hours after

RYLAND STATE DEPARTMENT OF HEALTH

Charleson Barry STATE OF THE PARTY OF THE STATE 3/25/25 ENLEST A SAKAGE 7006 Mar Marganielles Istory lack the the end that the water of shows with the property that the Sign of the Control o

v is necessary, al director. Page the State Department hours after TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any slease execute the certificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the functional should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 mines retained TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 apr 7. The Stat Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after Health or its designated agent, prior to burial, cremation, or removal, and in any event

VR A15ME 5M 1/62

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 03651 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 03656

RESIDENCE N A FARM? NO Dear PER 24 HRS. Min.
RESIDENCE N A FARM? NO MARKET BOTH NO MARKET PROPERTY 24 HRS.
RESIDENCE N A FARM? NO MARKET BOTH NO MARKET PROPERTY 24 HRS.
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Reg. Dist. 03657

1. PLACE OF DEATH		2. USUAL RESIDENCE (Whe		tion: Residence before admission)
Prince George	MARYLAND	o. STATE Marvlan	d b. COUNTY	Prince George
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	STAY IN 1b	20-		RURAL and give nearest town)
00111125102	rs	Suitland	,	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
5820 Skyline Drive		3101 Par	kway Ter.Dr	cive YES NO IN
3. NAME OF DECEASED (Type or print)	olbbiM	Lost	4. DATE MO OF DEATH	1 1
March Stry	prein	8. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
		Aug.15,1902	lost birthdoy)	Months Doys Hours Min.
100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSIN				12. CITIZEN OF WHAT COUNTRY?
during most of working life, even if retired) Housewife Home		Pennsylva	nia	USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
William Galligan		Mary	Conroy	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURIT	IY NO. II	NFORMANT	Add	dress
(Yes, no, or unknown) (If yes, give wor or dates of service) None	I	van R. Moore	#2 ab	oove
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), on	nd (c).]		-7	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	1-1-1-	man of t	Le Cera	and North Plan
/ / / · · · · · · · · · · · · · · · · ·	-		2 2-	7 100011100
C. und	Reful	ad And	taptare.	<i>></i>
Conditions, if ony, which gove rise to immediate (b).				-
couse (o), stoting the <u>under-</u> DUE TO				
lying couse lost. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING T	TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION G	IVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED?
3 Breast Carren	on	d		YES NO []
		D. (Enter noture of injury in P	ort I or Port II of item 18.)	
	ED 00 81	ACE OF INTHIBY III - E.	Took tell	
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRE Hour o. m. P. m. 19 of work of work		ACE OF INJURY (Home, farm, ctory, street, office bldg., etc.)		(County) (Stote)
p. m. 19 ot work ot work				
21. I certify that I attended the deceased fram	Jul	1956, ta	3/17.1962	Athat I last saw the deceased
	that death	accurred at 150	/	nd an the date stated above.
dive di	mar deam		ADDRESS (Street, city or town	
SIGNATURE Edward 9 Pace	aus	1711/	K S7	T. N.W, 3/17
PHYSICIAN'S Edward J. Pacious		1746 K St.	.,NW Washin	gton,D.C.
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF	F CEMETERY O	OR CREMATORY	22d. LOCATION (City, town,	or county) (State)
REMOVAL (Specify)			Anlington	
BUT1A1 3/21/62 AT1 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	TUSTOL	National Wash Dyller	Arlington	SISTRAR'S SIGNATURE
Jas. T. Rvan. Inc. by It with	- 317	Pa.Ave DATMAR	2 0 '62	
Jas. I. Ryan, Inc. by A. Aluq) 1 (I CLORE DATERALL	4004	Lower & Hearth

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. II. D. Janesen Brannis Chaf.

FOR STATE HEALTH DEPT. ral director. Page for your files. etained State If any to the TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. Asse execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to hould be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may TO PUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with ge 5 may and 2 will or its designated agent, prior to burial, cremation, or removal, and in any event Health

> VR A15ME 5M 1/62

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

03664 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	02				03039
1. PLACE OF DEATI	F		2. USUAL RESIDENCE	E (Where dacaased livad, If inst	itution: Residence before admission)
a. COUNTY			e, STATE	b. COUNTY	
L CITY OF TOWN	ince George	e s MARYLAND	Maryl	and Pri outsida corporete limits, write RI	nce George's
write RURAL and	give nearast town)	c. LENGTH OF STAT IN ID	c. CITT OK TOWN (III	outsida corporete limits, write Ki	OKAL end give nearest town;
Chev	บไทด		40 Blade	nsburg	
d. NAME OF HOSPI	TAL OR INSTITUTION (if me	ot in hospital, give street address)	d. STREET ADDRESS	iibbai 6	e. IS RESIDENCE
		2	5504 M47	a a	ON A FARM?
Prince	George's G	eneral Hospital		den Road	YES NO X
3. NAME OF DECEASED	First	Middle	Last	4. DATE Month OF	Day Yaar
(Type or print)	Berth	2	Morrison	DEATH March	26, 19 62
5. SEX			B. DATE OF BIRTH	9. AGE (In years IF	
					ionths Deys Hours Min.
Female	111222 00	VIDOWED DIVORCED	March 1.	1,879 83 Yrs.	
done during most of we	ION (Give kind of work	106. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State of	foreign country)	12. CITIZEN OF WHAT COUNTRY
House wi	rking life, evan if retired)	Own Home	Texas		U. S. A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN N	AME	0. D. M.
Thomas	Smyth Ode	13	Manua Dank		
			Mary Bant	3673	
	ER IN U.S. ARMED FORCES fyasgiva war or datas of servi		INFORMANT	Address	
No		No J	ames Harry 1	Morrison, se	neg as # 2
IB. CAUSE OF I	EATH [Enter only one ca	use per line for (e), (b), end (c).)	a- 0	a a	INTERVAL BETWEEN
PART I, DEAT	H WAS CAUSED BY:				ONSET AND DEATH
1 1 2 1	IMMEDIATE CAUSE (a)	Cerebrovasc	ular accide	n t	
1-	DUE TO				
Conditions, if any	which (b)	Cordioveca	ular renal	discoss	
gave rise to immed	DITE TO	Oaldiovabe	arar relier	TIBERBE	
(a), stating the u	ndarlying DUE 10				
causa last.) (c)				
PART II. OTHE	R SIGNIFICANT CONDITIO	NS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINA	L DISEASE CONDITION GIVEN	IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
ITA					YES NO I
2Da. EXTERNAL CA	AUSE WAS 2Db.	DESCRIBE HOW INJURY OCCURED.	(Enter nature of injury in Part I	or Part II of item 18.)	X
PRIMARY or CO					
S 20c. TIME OF INJU	JRY Month, Day, Yaar		ACE OF INJURY (Home, ferm, story, straet, offica bldg., etc.)	2Df. (City or town)	(County) (Stata)
20c. TIME OF INJU	10	While Not Whila take at work at work	,iory, straet, office brug., etc.,		
		1 1000	old an Autonoy D	nspection X, Inquiry	X, and in my opinion
		he remains described above, h		_	
death resulted	from: Natural caus	es 🔭 Accident 📗. Sui	cide, Homicide _	, Undetermined man	ner
	٨		CHIEF MEDICAL EX	AMINER	
ACTUAL	110	10/20.0	ASSISTANT MEDIC	AL EXAMINER	DATE SIGNED
SIGNATURE	Jame	a de la la	M.D.	TVA MINER TV	5 100 100
EXAMINER'S			DEPUTY MEDICAL I	XAMINEK A	3/26/62
NAME (Type)	JAMES	I. BOYD, M.D.		y, town, or county)	
22a. BURIAL, CREMATIC REMOVAL (Spacify		22c. NAME OF CEMETERY C	R CREMATORY 2	2d. LOCATION (City, town, or	r country) (State)
Burial	3/30/62	Maple Hill	Cemetery	Plainfield	Indiana
23. FUNERAL DIRECTO)R	ADDRESS		BY REGISTRAR 24b. REGIST	
W. W. C	hambers Co	. Riverdale,	MO. DATEMAR	29'62 016	us & Krous

The state of the s Prince Roundle is named and an IS Diver ment to the deal the rest of the ment of a recommendation State Street, Delinearly Color Land Street, Street Street, Street Land Light of the state Fig. as asset intelliged water comments of the . C.W., ESPENIES . S. ESPANE. Bondard At-Market Services Lile and Lil W. W. Obserbera Co. Plyer della, Md. T. C. Marchado W. M.

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

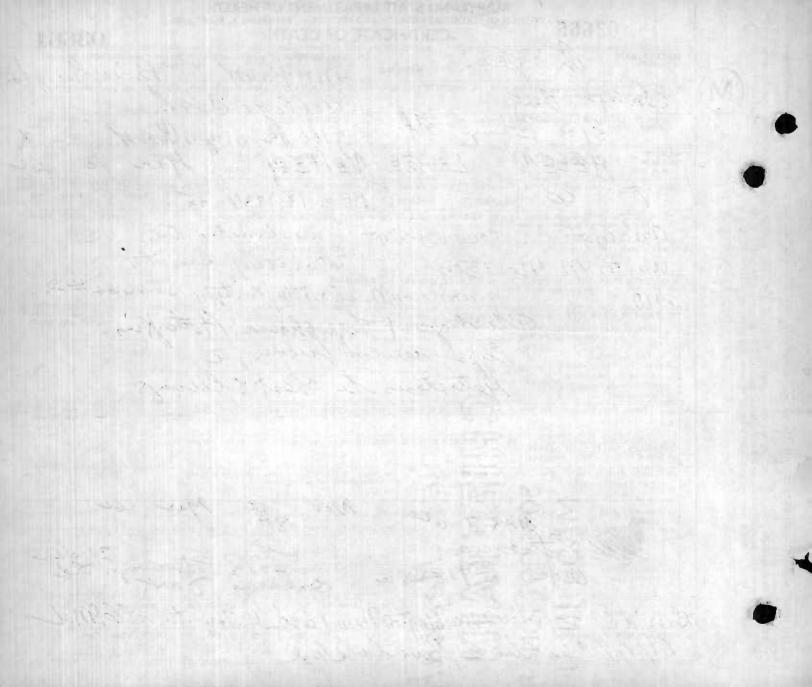
CERTIFICATE OF DEATH

03660

. PLACE OF DEATH				ICE (Whare deceased lived, If In		a before edmission)
Prince Ge	orea's	MARYLAND	a. STATE	b. COUNT	George's	
	outside corporata limits,	c. LENGTH OF STAY IN 16		(If outside corporate limits, write		
Cheverly	give nearest town)	3 Hrs. 5 Min	120000			
		ot In hospitel, give street eddress)	d. STREET ADDRESS			e. IS RESIDENCE
The state of the s	orge's Gene			ttenden Street		YES NO
NAME OF DECEASED	First	Middle	Last	4. DATE Month	Dey	Yeer
(Type or print)	Maude	pearl	Mullikin	DEATH Mar of	12	19 62
SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthday)		IF UNDER 24 HRS.
Temale.		WIDOWED DIVORCED	Nov. 18, 188	32 79 yrs.	Months Days	Hours Min.
a. USUAL OCCUPATI	ON (Giva kind of work	106. KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Cour	nty & State, or foreign country)	12. CITIZEN OF	F WHAT COUNTRY
	king life, even if retired)	Own Home	Marylan		U.S. A	x
. FATHER'S NAME	3171-1441	0.00	14. MOTHER'S MAIDEN			
	Whittington		Sarah l			
	R IN U.S. ARMED FORCE: yes give war or dates of serv		INFORMANT	Address		
no		none	Curtis E. Mu	llikin Same as	#2 (sor	n)
18. CAUSE OF D	EATH Enter only one ca	use per line for (e), (b), end (c).]			INTE	ERVAL BETWEEN
PART I. DEATH	WAS CAUSED BY	A 1 20 31			ON	ISET AND DEATH
11 6	MMEDIATE CAUSE (a)	Acute Myocardia	1 Infare			
1-7	DUE TO					
Conditions, if eny	which (b)	Pulmonary Edema				
gave rise to immedia	ite causa	J				
(a), stating tha un	derlying DUE TO					
cause lest.) (c)_	Arteriosclerosi				
PART II. OTHER	SIGNIFICANT CONDITIO	ONS CONTRIBUTING TO DEATH BUT N	NOT RELATED TO THE TERMI	INAL DISEASE CONDITION GIVE		9. WAS AUTOPSY PERFORMED? YES X NO
20a. ACCIDENT WA	S UNDERLYING 2	Ob. DESCRIBE HOW INJURY OCCUR	ED. (Enter neture of injury in	Pert I or Part II of item 18.)		
OR CONTRIBUTING	CAUSE OF DEATH					
20c. TIME OF INJUR	RY Month, Day, Yeer	20d. INJURY OCCURRED 20e. Pi	LACE OF INJURY (Home, far	m, : 20f. (City or town)	(County)	(Stete)
Hour a.m.		17 1110	ectory, street, office bldg., etc	c.)		
p.m.	19	at work at work	10/11/2	13. 3/15	- /2	
21. I certify th	nat (1) (this hospital)) attended the deceased from	15 / 1 t	19 46		hat (I) (we) la
saw the decease	ed alive on	19.62 and the	at death occured S	M, from the causes a	nd on the da	ate stated above
22a. SIGNATURE	Arra Ph	ningua	Denve CO	MED. STAFF DIRECTOR PHYS.		226. DATE SIGNE
22c. PHYSICIAN'S	10 /10	WINDER	M.D. PHYS.	DIRECTOR PATS.		
NAME (Type)	Dw Rowert D	as an harm		llum Manor Rd.,	West Haraf	tterri 11e
	Dr. Barry R					
e. BURIAL, CREMATIC REMOVAL (Specify)	ON, 23b. DATE THEREO			23d. LOCATION (City, town		(State)
Burial	3/15/62	Ft. Lincol		Colmar Ma		Md.
FUNERAL DIRECTOR	'S SIGNATURE	ADDRESS	25a, RE	C'D BY REGISTRAR 25b. REGI	STRAR'S SIGNAT	TURE
Francis Ga	schis Sons	Hyattsville, Mc	DATE 5	MAR 1 5 '62	. It 9 to	

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DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission a. COUNTY b. COUNTY iled MARYLAND b. CITY_OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RICRAL and give nearest town) O shaul d. NAME OF HOSPITAL (If not in hospital d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? by 4 YES NO DO 4. DATE NAME OF First Middle Day Year DECEASED UISE 196 DEATH (Type or print) 9. AGE (In years 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS last bisthday) Months Doys DIVORCED [WIDOWED [10g. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) natura washmuto 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME .⊆ dorattices with physicio SAddress 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Linknow ding 18. CAUSE OF DEATH [Enter only one couse per line for to), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) DUE TO Conditions, if ony, which gove rise to immediate DUE TO cause (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) 20d. INJURY OCCURRED Doy, Year (County) (Stote) foctory, street, office bldg., etc.) Haur a. m Not while While at wark ot work p. m. 21. I certify that (1) (this haspital) attended the deceased fram. , that (I) (we) last 19 6 , and that death occurred at M. M. from the causes and on the date stated obove. saw the deceased alive an 22o. SIGNATURE 22b. DATE SIGNED ATTENDING STAFF DIRECT M.D. PHYS DIRECTOR 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 23b. DATE THEREOF 23a. BURIAL, CREMATION. 23c. NAME OF CEMETERY OR CREMATOR 23d. LOCATION (City, town, REMOVAL*(Specify 0 24. FUNERAL DIRECTOR'S SIGNATU 250. REC'D BY REGISTRAR 25h REGISTRAR'S SIGNATURE arting S. Thous 15M 9/59



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed very 24 hour		FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and Consoletely filled in by the	d 2	- be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 03667 CERTIFICATE OF DEATH Im G PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before edmission) e. COUNTY b. COUNTY Prince George's MARYLAND Marvland Prince George's b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) c. LENGTH OF STAY IN 1b write RURAL and give nearest lown) College Park hours Cheverly d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? Prince George's General Hospital 5500 Richmond Avenue, Lakeland YES NO 3. NAME OF Middle 4. DATE Month Yeer DECEASED OF (Type or print) Garfield Nickens DEATH 19 62 James March 30 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX last birthday) Months Deys WIDOWED XX DIVORCED 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY | 1t. BIRTHPLACE (County & State, or Igreign country) done during most of working life, even if retired) Maryland U. S. A. Laborer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Lula Webb Thomas Nickens 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 4001 Hampden St., David Nickens (Yes, no, or unkown) | (If yes give wer or detes of service) Kensington, Md. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 10 days Bronchopneumonia IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which (b) gave rise to immediate cause DUE TO (e), steting the underlying Malnutrition, dehydration PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO T 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH MEDICAL 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, ! 20f. (City or town) (State) factory, street, office bldg., etc.) Not While Hour e.m. et work | 21. I certify that (I) (this hospital) attended the deceased from 3-29, 162., to 3-30......., 1962, that (I) (we) last 19.62, and that death occurred at 6.245%, from the causes and on the date stated above. saw the deceased alive op. 22b. DATE 220. SIGNATURE ATTENDING SIGNED STAFF PHYS. DIRECTOR PHYS. M.D. 22d. ADDRESS 22c. PHYSICIANY Dr. Benjamin S. Pecson Marlboro Pike, District Hgts., Md. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stete) 23a. BURIAL, CREMATION, 23b. DATE THEREOF Arlington, Va. Arlington National.. REMBYAL (Specify) 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Snowden Rockville. Md. atten & Krans

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 03663

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b. CITY OR TOWN (IF RURAL and give ne Laurel, Ma		ts, write	c. LENGTH OF STAY		c. CITY OR TOWN (If a			e RURAL and	give nea	rest town)	
d. NAME OF HOSPITA	AL (If not in hospital, a	ive street	oddress)		d. STREET ADDRESS	111111111111111111111111111111111111111	1140	110.1		e. IS RESID	ENCE
OR INSTITUTION	1800 Brook	yn B	ridge Rd.		1800 Brookly	n Brid	lge Rd.	, Laur	el	YES T	
3. NAME OF DECEASED (Type or print)	WILLIAM		Middle LBERT		DRTHRUP	4. DATE OF DEATH		onth rch	Do: 29	,	9 62
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Prin			Printin	g	Ashland,	Kentuc	ky	1	U.S.		
13. FATHER'S NAME		10.00			14. MOTHER'S MAIDEN N	NAME					
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IB. CAUSE OF DEA	TH [Enter only one co	use per lir	ne for (a), (b), and (c).	.]					INTE	RVAL BETY	
	TH WAS CAUSED BY:		Venne	100 -	1 .	20	/ //			ET AND D	EATH
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	ed alive on3,	27	19_67, ond	that d	eath accurred at <u>#</u>	M, fram	the causes	and on th	ne date	stated o	above.
22a. SIGNATURE	D'	^			ATTENDING M	ED.	STAFF PHYS.				DATE
22c. PHYSICIAN'S NAME (Type)	V 13 C7	- E. L	VaRD		22d. ADDRESS 3 / 4	Com	Uma	u Ze	neu	w	206
239 BURIAL, CREMANO REMOVAL (Specify)	N. 23b. DATE THEREO		23c. NAME OF CEM	TETERY OF	CREMATORY CEM	23d. LOCAT	ION (City, tov		450	(Stote)	M
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1	DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1,	MARYLAND
	03669 CERTIFICATE OF DEATH	03664
M	PLACE OF DEATH a. COUNTY B. STATE b. COUNTY B. STATE B. STATE B. COUNTY B. COUNTY B. STATE B. COUNTY B. COUNTY B. STATE B. COUNTY B	ce Georges.
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	Levisconing Md. Levisconing Md. 14. MOTHER'S NAME	USA.
	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	US45H.
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) are marane partie homosphage	ONSET AND DEATH
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w Delit	NAME (Type) R. P. Bauer, M. D. 2513 Buckling KV: R 2513 Buckling KV: R 2513 Buckling KV: R 2513 Buckling KV: R 2514 Buckling KV: R 2514 Buckling KV: R 2514 Buckling KV: R 2514 Buckling KV: R 2515 Buckling KV: R 2516 Buckling KV: R 2516 Buckling KV: R 2517 Buckling KV: R 2518 Buckling KV: R	Melhi, Mil
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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 03671 PLACE OF DEATH 2. USUAL RESIDENCE (Where decaased lived, If Institution: Residence bafora admission) a. COUNTY a. STATE b. COUNTY Prince George's MARYLAND Maryland Prince George's
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest lown) Hrs. 8 Min. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) Upper Marlboro d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Prince George's General Hospital Box 2768 YES NO . 3. NAME OF 4. DATE Month DECEASED OF (Type or print) DEATH March 3 19 62 Perrie 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. DATE OF BIRTH last birthday) Months Hours Male WIDOWED DIVORCED March 3. 1962 10a. USUAL OCCUPATION (Giva kind of work 12. CITIZEN OF WHAT COUNTRY! 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) dona during most of working life, aven if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Thelma Aretta Norfolk Perrie Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (If yes give war or dates of service) Mother Same as above 18. CAUSE OF DEATH [Entar only one causa per line for (a), (b), and (c).] 30-14 recks gestalia ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave risa to immadiate causa DUE TO (e), steting the underlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Part II of itam 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED | 20a. PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (Stete) Not While factory, street, office bldg., atc.) While Hour e.m. at work at work CIOR: p.m. P.M. 22b. DATE 22a. SIGNATURE ATTENDING STAFF SIGNED 22c. PHYSICIAN'S NAME (Type) PHYS. DIRECTOR PHYS. Jeath. res. HOSPITA 22d. ADDRESS Robert Sasscer R.F.D. Box 2150, Upper Maelboro, Maryland 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMÉTERY OR CREMATORY REMOVAL (Specify) Cheverly, Maryland Prince Geo. Gen. Hospital 3-17-62 Cremation 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATUR ADDRES VR A15 (4) DATE MAR 2 1 '62 circumy & Thous 15M 7/61 . Renni Jr. Adm

MARYLAND STATE DEPARTMENT OF HEALTH

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1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1,	MARYLAND
	03672 CERTIFICATE OF DEATH	3667
1	Prince George's MARYLAND 2. USUAL RESIDENCE (Where decessed lived, If Institutions o. STATE Maryland Prince George Maryland Description Maryland Prince George Maryland Description Output Maryland Prince George	
200	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Cheverly c. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and Upper Marlboro) Upper Marlboro	d giva nearest town)
1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) Prince George's General Hospital Box 2768	e. IS RESIDENC ON A FARM YES NO
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	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X 8. DATE OF BIRTH Male White WIDOWED DIVORCED March 3, 1962 9. AGE (In years if UNDER 1 Months) Whooles Viscolar Divorced March 3, 1962	U.C.
	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
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	21. 1 certify that (I) (this hospital) attended the deceased from 3-3 19.62 to 3-3 5 saw the deceased alive on 3-3 and that death occurred at 11:16 from the causes and on the causes and on the causes are said on the causes and on the causes are said on the causes and on the causes are said on the cause are said on the causes are said on the cause are said	2, that (I) (we) la the date stated above
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	Dr. Robert Sasseer R.F.D. Box 2150, Upper Marlbon 236. BURIAL, CREMATION 236. DATE THEREOF 236. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or count	
	Cremation 3-16-62, Prince George's Gen. Hospital Cheverly, Maryl	and
	Harry W. Penn, Jr., Administrator DATE MAR 2 1 '62	
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CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) Georges a. COUNTY e. STATE b. COUNTY 古古 P rince Geo MARYLAND Marland b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) c. LENGTH OF STAY IN 16 by and des Che We PRAL and give neerest town) .57 U ppe r Marlboro Peges rrs afte dav d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? Prince G e orge YES X NO Ge ner al Hesp ital B ox 2768 3. NAME OF DATE Day Yeer Month DECEASED OF March 4 The om (Type or print) 1962 AGE (In years | IF UNDER 1 YEAR | Months | Days IF UNDER 24 HRS. 6. COLOR OR 8. DATE OF BIRTH 5. SEX RACE 7. MARRIED NEVER MARRIED and carbo 11918 June 29 Hours Female WIDOWED DIVORCED physician 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b, KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) Tobacco Farming Own Farm Maryland U. S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending Mervin Norfolk Bertha Eleanor Norfolk 0 Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO.1 (Yes, no, or unkown) | (If yes give war or detes of service attending physician. reenbelt AL BETWEN 18. CAUSE OF DEATH [Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO 205cl Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying the cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. CERTIFICATION PERFORMED? TO NO T nanc 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. D SCRIBE HOW INJURY OCCURED. (Epter neture of injury in Part I or Pert II of item 18.) MEDICAL 20e. PLACE OF INJURY (Home, farm, (Stete) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20f. (City or town) (County) Month, Dey, Yeer fectory, street, office bldg., etc.) While Not While Hour a.m. et work at work DIRECTOR , to MA 3 , 1962 that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from... and that death occured at A.M., from the causes and on the date stated above. 22b. DATE 22a. SIGNATURE SIGNED ATTENDING STAFF DIRECTOR PHYS. PHYS. th. Page 4 M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Robert B. Sasscer. M.D. Upper Marlboro, Md. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stete) 23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Upper Marlbore Cemetery Upper Maribor Burial Carmel 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) arlbore. 9 '62 15M 7/61 Bros.Fun'l Home-DATE Cirthur & Keny

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OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) e. COUNTY b. COUNTY b. CITY OR TOWN (if outside corporate limits, write RURAL end give neerest town) South Carolina MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) Riverdale Sumter d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO Y Leleand Memorial Hospital Chestnut 3. NAME OF DATE DECEASED (Typa or print) DEATH March 9. AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED Y NEVER MARRIED last birthday) Months WIDOWED November Male 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Kelly Motor Lines Truck Driver Mississippi USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ARD 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Ad dress Highland. (Yes, no, or unkown) | (Ifyesgive wer or dates of service) Yes W.W. UNKNOWN 73 Water Witch, New Jersey Billy Perry 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c), ONSET AND DEATH PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (*) Hemorrhage and shock DUE TO Fracture of the skull, crushed chest Conditions, if eny, which compound fracture of the right hip gava rise to immadiata ceuse DUE TO (a), steting the underlying ceuse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(1) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO I 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Pert II of item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. ge 3 s Pedestrian 2Dd. INJURY OCCURRED struck by an automobile MEDICAL 20c. TIME OF INJURY Month, Day, Year 2Df. (City or town) (County) (State) fectory, street, office bldg., etc.) Not While Inspection . 21. I certify that I took charge of the remains described above, held an Autopsy Inquiry and in my opinion Accident Suicide Homicide Undetermined manner death resulted from: Natural causes CHIEF MEDICAL EXAMINER ACTUAL. ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER** NAME (Type) Address (Street, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22d, LOCATION (City, town, or country) Chambers Ev Riverdal Ma 24b. REGISTRAR'S SIG 5M 1/62

TATE DEPARTMENT OF HEALTH

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20e. ACCIDENT WA (IF EITHER, NOTIFY

20c. TIME OF INJU Hour e.m. p.m. 21. I certify t

saw the deceas ATTENDING

PHYS.

M.D. 22c. PHYSICIAN'S NAME (Type) David S. Clayman

22d. ADDRESS 23d, LOCATION (City, town or county) (State)

23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE THEREOF Mar 26, 1962 Ft Lincoln Cemetery

Colmar Manor Md. 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

24 FUNERAL DIRECTOR'S SIGNATURE SONS

DIVISION

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3. NAME OF DECEASED (Type or print)

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10a. USUAL OCCUPAT done during most of wo Retired 13. FATHER'S NAME

15. WAS DECEASED EV

(Yes, no, or unkown) | (It 18. CAUSE OF D PART I. DEATE

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CERTIFICATION

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d. NAME OF HOSPIT

1. PLACE OF DEATH a. COUNTY

> ADDRESS Hyattsville Md.

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE TH DEPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence a. COUNTY b. COUNTY Prince George's MARYLAND Alabama b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 al director. I for your fil c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) 0 Riverdale Haleyville Hrs d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give greet address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? ained Memorial Hospital YES NO Leland .0. Box NAME OF Middle 4. DATE Month DECEASED OF (Type or print) DEATH Franklir 19 8th March death. S. SEX IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR may 2 wit .<u>∓</u> 1 and 2 wi last birthday) Months Days Hours pue Min. WIDOWED [DIVORCED Male eb 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? hours aff ages 1, 2 3. Page dona during most of working life, even if retired nin 24 ho. Give Pages I PM3. Par File pages 1 Exercise Boy Race Track Alabama U.S.A. 14. MOTHER'S MAIDEN NAME Otto Postell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? Beatrice Hulsey form 17. INFORMANT 16. SOCIAL SECURITY NO.1 Alabama permit. (Yes, no, or unkown) | (Ifyesgivewarordatesofservice) Office along with burial-transit permi P.O. Box #3Halevville. George E. Sisson Unknown 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Fracture skull & left wrist IMMEDIATE CAUSE (a) DUE TO removal pluods Conditions, if any, which (b) "pending" gave rise to immediate cause DUE TO (a), stating the underlying Examiner' as cause last. nsed ion PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a); 19, WAS AUTOPSY CERTIFICATION PERFORMED? NO X plnods 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Part I or Part II of item 18.) PRIMARY X or CONTRIBUTING burial, CAUSE OF DEATH. assenger in automobile that MEDICAL Page 20c. TIME OF INJURY Month, Day, Year (State) factory, street, office bldg., etc.) 0 While Not While at work forwarded to the DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry | and in my opinion MEDICAL death resulted from: Natural causes Accident X Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER FUNERAL designat SIGNATURE EPUTY DEPUTY MEDICAL EXAMINER **EXAMINER'S** Ping NAME (Type) Addrass (Street, city, town, or county) 22d. LOCATION (City, town, or country) 22a. BURIAL, CREMATION, OR CREMATORY (State) REMOVAL (Specify) (EMETER LOUNIV 6 0 REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE #24a. VS. AISME athun & Threes 5M 9/60

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The law requires that the death certificate be executed will

MARYLAND STATE DEPARTMENT OF HEALTH

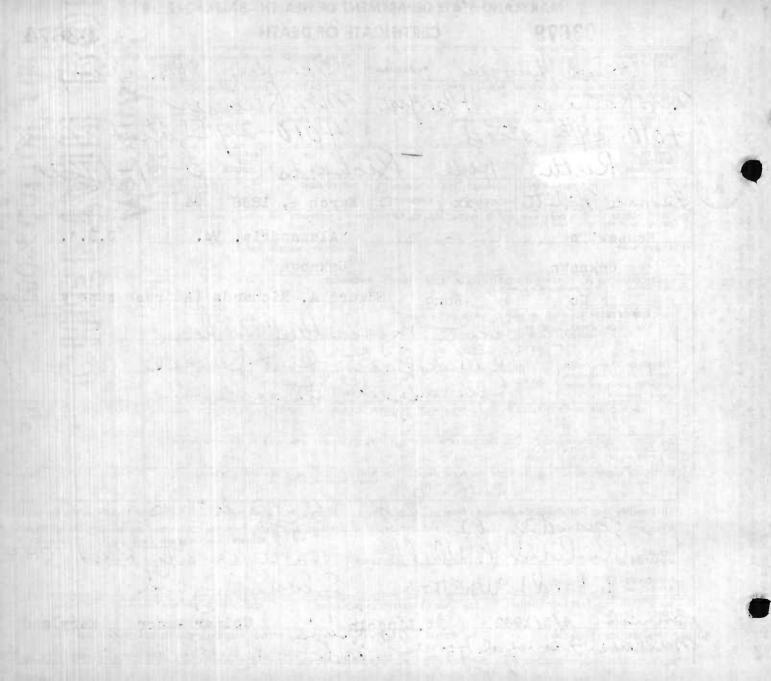
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 03678

CERTIFICATE OF DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence before edmission)
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	2. USUAL RESIDENCE (Where decessed lived, if institution: Residence before edmission) e. STATE Hyattsville b. COUNTY c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) d. STREET ADDRESS Hyattsville Maryland C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) d. STREET ADDRESS Hyattsville Maryland Dey Yeser ON A FARMY YES NO TOWN (If outside corporate limits, write RURAL and give nearest town) d. STREET ADDRESS V. STATE Hyattsville Maryland Dey Yeser ON A FARMY YES NO TOWN In J. DEATH DEATH J. DATE OF DEATH J. DATE OF DEATH J. DATE OF DEATH J. DATE OF J. STATE Washington D. C. U. S. A. Washington D. C. U. S. A. Washington D. C. I. MOTHER'S MAIDEN NAME Mary A. Fraser 17. INFORMANT A James C. Reeves A James C. Reeves J. DATE ON THE
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James C. Reeves	
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23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMITORY 23d. LOCATION (City, town or county) (Stele)
REMOVAL (Specify)	COUNTY GOODS SHOULD COUNTY COU
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Francis Gasch's Sons Hyattsville, M	1d. DATE MAR 2 7 '62 Cather S. Thank

the business at a reput to be the Cont Cont wensed . Wadid ! Francis Carch's Sons inyadaville, Add.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03679 CERTIFICATE OF DEATH Reg. Dist. NO3674 with eral directar, be filed with death. Page PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. July titution: Residence before admission) a. COUNTY L COUNTY MARYLAND funeral CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 CITY OR TOWN outside corporate limits, write RURAL and give nearest fown) RURAL and give neasest tawn) shauld aine d. NAME OF HOSPITAL (If not in haspital, give street address d. STREET ADDRES e. IS RESIDENCE ON A FARM 20 YES T NO pub .= NAME OF DECEASED 4. DATE First Last Year Manti Day requires that the death certificate be executed within 24 DEATH (Type ar print) COLUMN RACE 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER YEAR IF UNDER 24 HRS. 5. SEX 8. DATE OF BIRTH campletely last birthday) Manths Days Haurs DIVORCED [94 WIDOWEDT March 4. 1868 papers. 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. 8IRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of warking life, even if retired) U.S.A. ond Housewife Alexandria, Va. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician Unknown Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address ottending Edward A. Richards (Address same as None 18. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH ā PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) by any Canditians, if any, which paudi gave rise to immediate DUE TO cause (a), stating the underpuo lying cause last **burial-transit** been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, 20e. PLACE OF INJURY (Hame, farm, 20f. (City ar tawn) 20d. INJURY OCCURRED Day, (Caunty) (State) factory, street, affice bldg., etc.) Haur a.m. While Nat while at wark at wark p. m 19 62 hot I last sow the deceased 21. I certify that I ottended the deceased from and that death accurred at. aM, from the couses and on the date stated above. DIRECTOR ADDRESS (Street, cityeer town, state DATE SIGNED by ACTUAL retained OR shauld HOSPITAL RAL NAME (Type) 22b. DATE THEREOF 22d. LOCATION (City, tawn, ar caunty) 22a. BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL Specify Colmar Manor Maryland 0 FUNERAL DIRECTOR'S SIGNATURE A'DDRESS REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) 15M 9/58



301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Rasidence bafore admission) e. COUNTY b. COUNTY Prince George's MARYLAND Maryland Prince George c. CITY OR TOWN (If outside corporete limits, write RURAL end give naarest fown) George's b. CITY OR TOWN (If outside corporete line write RURAL end give neerest town) c. LENGTH OF STAY IN 1b director. d. STREET ADDRESS OVER Cheverly
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Pol . IS RESIDENCE ON A FARM? efained State YES NO George's General Hospital Road. Ardmore Prince DATE Year DECEASED OF (Type or print) DEATH Ridgeway DEPUTY MEDICAL EXAMINER. This certificate should be executed within 24 hours after death. Gase execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED IF UNDER 24 HRS. 9. AGE (In years | IF UNDER 1 YEAR lest birthdey) Months Devs WIDOWED DIVORCED June 27,1882 Male 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? done during most of working life, evan if retired) U.S.A. Fireman Maryland Laborer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles Ridgeway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? Rebecca Thompson 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give wer or detes of service) Unknown_Lucille Ridgeway same as #2 18. CAUSE OF DEATH [Enter only one couse per lina for (a), (b), end (c).) INTERVAL BETWEEN ONSET AND DEATH I. DEATH WAS CAUSED BY MOCARDIAL INCARCTION IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which geve rise to immediate couse DUE TO (e), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+): 19. WAS AUTOPSY CERTIFICATION PERFORMED? YES TO NO 2De. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED, (Entar neture of injury in Part I or Pert II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY Month, Dey, Yaar 2Dd. INJURY OCCURRED 2Da. PLACE OF INJURY (Homa, ferm, '2Df. (City or town) (County) (Stete) factory, streat, office bldg., etc.) Whila Not While Hour e.m. et work et work 21. I certify that I took charge of the remains described above, held an Autopsy X. Inspection . Inquiry T and in my opinion death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED or its 3/14/62 EXAMINER'S NAME (Type) M. D. Address (Street, city, town, or county) 22d. LOCATION (City, town, or country 220. BURIAL, CREMATION, 22b. DATE THEREO VR A15ME MAR 1 9 '62 5M 1/62

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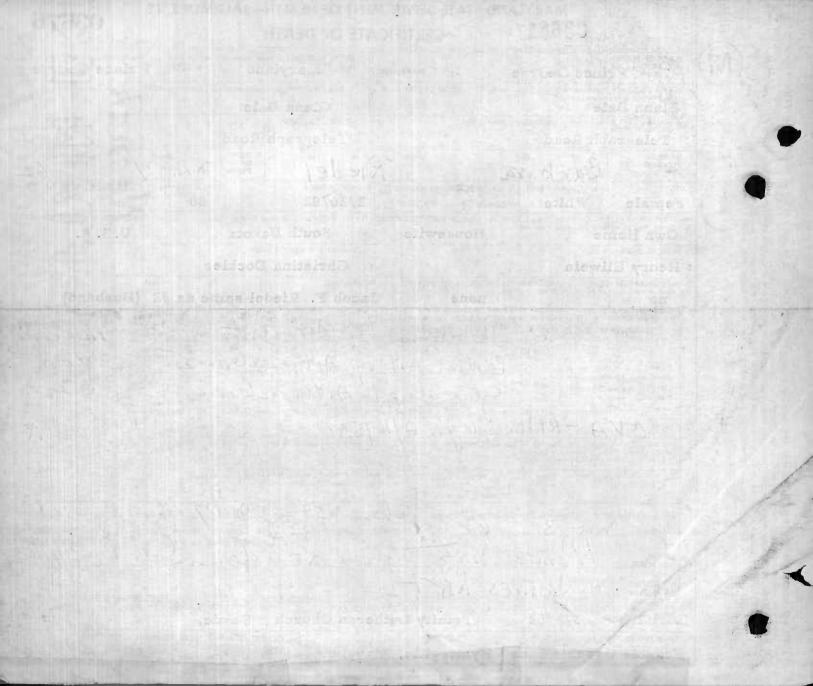
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PLACE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 03676 03681 CERTIFICATE OF DEATH Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland MARYLAND c. LENGTH OF STAY IN 16 Glenn Dale d. STREET ADDRESS Telegraph Road First Middle Manth





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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13	B. FATHER'S NAME							
L	Manuel				iana Ro	sas		
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 03683 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission) a. COUNTY b. COUNTY Prince George's MARYLAND Waryland Prince George's b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) write RURAL and give nearest town) Landover Hills Chever ly davs .= = d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 7112 Allison Street Prince George's General Hospital YES NO . NAME OF DATE Month Day Year DECEASED icit (Type or print) DEATH 19 (na 6. COLOR OR RACE 7, MARRIED NEVER MARRIED 5. SEX AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. B. DATE OF BIRTH last birthday) Months Hours Female White WIDOWED X 10-20-1896 65 DIVORCED 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or loreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Own Home North Carolina U.S. A. Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Albert E. Rutledge Margaret A. Causev 7 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (If yes give wer or detes of service Clifton E. Causey Same as #2 no (Brother) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e Anterioscleratic HEART geve rise to immediate cause DUE TO (e), steting the underlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO prior 20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Pert I or Pert II of item 18.) 200, ACCIDENT WAS UNDERLYING for OR CONTRIBUTING [] CAUSE OF DEATH the (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED I 20e. PLACE OF INJURY (Home, farm, (Stete) 20f. (City or town) (County) factory, street, office bldg., etc.) While Not While Hour a.m. et work at work 21. | certify that (!) (this hospital) attended the deceased from...... and that death occured and M, from the causes and on the date stated above, saw the deceased alive on...... 22b. DATE 22e. SIGNATURE ATTENDING MED SIGNED DIRECTOR PHYS. PHYS. UNERAL 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 23d. LOCATION (City, town or county) 23e. BURIAL, CREMATION. 23c. NAME OF CEMETERY OR CREMATORY Ft. Lincoln Colmar Manor, Md. 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE (4) MAR 1 9 '62 arthur S. Trans

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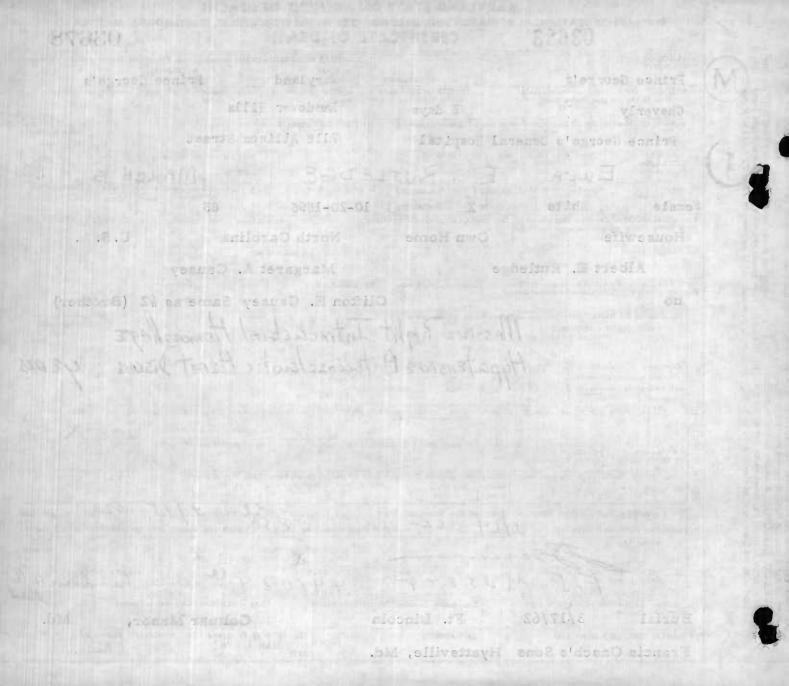
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HOSPITAL Page 4 NERAL scior, page	1	NAME (Type) ERIKA P. KRAEMER LAUREZ SAI	ritarium Laurier Md.
0/2		236. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATERY 23d. LC REMOVAL (Sapeify) 3/22/62 Epithany Episcopal Cemetery	Forestville, Md. (Stete)
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HEALTH DEP

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any y is necessary, dease execute the certificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 mg is retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2. The State Department Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VR A15ME

5M 1/62

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 03685 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 03680

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b. CITY OR TOWN (if outside corporata limits,	COUNTY PTINGE GOOF S				
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301 W. PRESTON STREET, BALTIMORE I WARYLAND Division of STATISTICAL RESEARCH AND RECORDS, Items 22c & d, phone call from fun.dir.

| 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edimission) 1. PLACE OF DEATH e. COUNTY Columbia files. District of Prince MARYLAND b. CITY OR TOWN (if outside corporate limits c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearast town) director. write RURAL end give nearest town) for your Congress Heights Fort Foote Transiant
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) Transiant IS RESIDENCE ON A FARM? Webster's Boat Yard YES NO X 809 Portland 3. NAME OF Middle 4. DATE DECEASED OF (Typa or print) Irving DEATH Sandy Leroy 24 19 62 March 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 9. AGE (In years LIF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months Male WIDOWED May 25 DIVORCED 1937 10a. USUAL OCCUPATION (Give kind of work within 24 hours after 18. Give Pages 1, 2, form PM3. Page 5 1Db, KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired) pages 1 Maryland Carpenter Construction U. S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Irving Leroy Sandy Sr. Lill
15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Lillian Mae Violett Yes (Ifyesgivawarordatasofservica) Office along with 577-52-8537 Michele Kathleen Sandy. same 28 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Asphyxia IMMEDIATE CAUSE (a) DUE TO O Drowning Conditions, if any, which used as a bu gave rise to immadiata cause "pending" DUE TO (a), stating the undarlying Examiner be used causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e): 19. WAS AUTOPSY CERTIFICATION burial, PERFORMED? writing the word Chief Medical ge 3 should I NO X 2DB. EXTERNAL CAUSE WAS
PRIMARY OF CONTRIBUTING 2Db. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) CAUSE OF DEATH. from the C. Page 3 MEDICAL Month, Day, Year (State) (City or town) (County) tectory, straet, offica bldg., etc.) Whila Not While 62al work at work Potomac Inquiry X 21. I certify that I took charge of the remains described above, held an Autopsy | Inspection | XI death resulted from: Natural causes Accident X Suicide Homicide Undetermined manner ase execute the calculated should be forward FUNERAL DIRE CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY DEPUTY MEDICAL EXAMINER 3/24/62 6 EXAMINER'S Boyd James I. NAME (Type) Address (Straat, city, town, or county) 22a BURIAL CREMATION 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, (State) REMOVAL (Spacify) BURIAL B. FUNERAL DIRECTOR VR A1SME MBERS CO 517-112 St arthur & Thous 5M 1/62

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MEDICAL EXAMINER: This certificate should be executed within 24 hours after death.

pase execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File_pages 1 and

Page 3 should be used as a burial-transit

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CERTIFICATION

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Divising STATISTICAL RESEARCH AND RECORDS	DEPARTMENT OF HEALTH 1, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 15 CERTIFICATE OF DEATH 17 C Q Q Q
Prince George's MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Riverdale NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	2. USUAL RESIDENCE (Where decessed lived, If institution: Rasidence before admission) a. STATE Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Oleurel d. STREET ADDRESS
Leland Memorial Hospital CEASED po or print) ANDREW SAFFELL 6. COLOR OR RACE 7. MARRIED XNEVER MARRIED B.	35 A Street Lest 4. DATE OF DEATH Day Pear SEALOCK DATE OF BIRTH DATE OF BIRTH DATE OF BIRTH DATE OF BIRTH P. AGE (In years IF UNDER 1 YEAR lest birthday) Lest birthday) 63 yrs. Months Days Hours Min. Months Days Hours Min. 12. CITIZEN OF WHAT COUNTRY?
o, or unkown) (Ifyesgivawarordetesofservica)	Martha Kearns Address 35 A Street rs.Stella M. Sealock, Laurel, Maryland
PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) Hemorrhage and conditions, if eny, which varise to immediate cause (b) DUE TO Stelling the underlying use lest. CAUSE OF DEATH (Enlar only one cause per line for (e), (b), end (c), end (Shock INTERVAL BETWEEN ONSET AND DEATH

SD (0 ca 19. WAS AUTOPSY PERFORMED? NO T 2Db. DESCRIBE HOW INJURY OCCURED. (Enter netura of injury in Part I or Pert II of item 18.)

20a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year

Shot 2Dd. INJURY OCCURRED

19 62 et work at work

2De. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

2Df. (City or town)

(County)

(State)

MEDICAL death resulted from:

21. I certify that I took charge of the remains described above, held an Autopsy Natural causes

Accident

Suicide X

Homicide Undetermined manner CHIEF MEDICAL EXAMINER

DEPUTY MEDICAL EXAMINER

DATE SIGNED

ACTUAL SIGNATURE

NAME (Type)

B

Addrass (Straat, city, town, or county) 22d. LOCATION (City, lown country)

Inspection X, Inquiry X

3/9/62

and in my opinion

arthur S. Hraus

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121345 2000245 BILLPHOVALLA Testion A 45 Th Line House and too an antique TO SER MANUEL SERVICES SERVICE . A. H. M. M. Candler T. Cannon IV Invenie Colon College Colle BRIDGE ASSESSE Tours ... Section ... Access and section ... Section ... and a section of the section of the heel mit had hancy Tonerrow, (1) 145 年 (1) 126 日 (1) 12 日 E. H. STORE . I ESTATA They for they proceed the care there will

X		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
		13688 CERTIFICATE OF DEATH 12. USUAL RESIDENCE (Where deceased lived, If institution, Residence Abstore admission)
M		s. COUNTY Prince Levyles MARYLAND B. STATE Md. b. COUNTY 1. S.
		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give/nearest town)
X		3.18 Sycamore and in hospital, give streat address) 3.18 Sycamore and yes \(\text{NAME of HOSPITAL OR INSTITUTION (if not in hospital, give streat address)} \) 3.18 Sycamore and \(\text{STREET ADDRESS} \) \[\text{VESS \(\text{VEMOVE} \) \] 4. STREET ADDRESS \(\text{VEMOVE} \) \[\text{VEMOVE} \) \[\text{VES} \(\text{VEMOVE} \) \] 9. IS RESIDEN \(\text{ON A FAR} \) \[\text{VES} \(\text{VEMOVE} \) \[\text{VES} \(\text{VEMOVE} \) \]
		NAME OF DECEASED (Type or print) A DATE OF DEATH A DATE OF DEATH
		Male 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 H Hours Min yes. WIDOWED DIVORCED WILLY H - 1902 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 H Hours Min
	10a do	USUAL OCCUPATION (Give kind of work and during most of working (1) oven if ratirad) 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY U.S. A.
F	13.	FATHER'S NAME IN THE STATE OF T
F	15. (Ye	
		18. CAUSE OF DEATH [Enter only one causa par lina for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a)
		Conditions, if any, which (b) preparated for use 2 year
۵		gave rise to immediate cause (e), stating the underlying DUE TO Particular Cervater
0	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOI PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOI PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOI PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOI PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19. WAS AUTOI PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19. WAS AUTOI PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19. WAS AUTOI PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19. WAS AUTOI PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19. WAS AUTOI PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19. WAS AUTOI PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19. WAS AUTOI PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19. WAS AUTOI PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19. WAS AUTOI PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19. WAS AUTOI PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19. WAS AUTOI PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19. WAS AUTOI PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19. WAS AUTOI PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19. WAS AUTOI PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19. WAS AUTOI PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19. WAS AUTOI PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19. WAS AUTOI PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19. WAS AUTOI PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 10. WAS AUTOI PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 10. WAS AUTOI PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 10. WAS AUTOI PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN TO THE TERMINAL DISE
	CERTIFICATION	208. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour a.m. 20d. INJURY OCCURRED While at work at work at work 19 at work 19 Annual Property of the propert
		21. I certify that (I) (this hospital) attended the deceased from 5 5 5 to 194, to 194, that (I) (we) saw the deceased alive for 19.6.2, and that death occurred at
		22a. SIGNATURE ATTENDING MED. STAFF Na. 9 SIGNATURE M.D. PHYS. MED. STAFF Was 9 SIGNATURE
1		22c. PHYSICIAN'S NAME (Type) 22d. ADDRESS 4 4 41 held are five into the
	23a	REMOVAL (Society) 3-12-62 (INVINITION) (State)
	24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS Hthe ft 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE ADDRESS Hthe ft Date AR 1 4 62 Cuthing 8. Known

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	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
	03689 CERTIFICATE OF DEATH Reg. Dist. No. 0368
	ACE OF DEATH COUNTY Prince George 2. USUAL RESIDENCE (Where deceosed lived. If institution: Residence before odmission) o. STATE b. COUNTY Prince George
	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
18	NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
3	Sacred Heart Home 2013 Hayden Road, New YES NO
	pe or print) Elizabeth A Shea Modele Lost A DATE Month Day Yeor OF DEATH March 2 1962
5	6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yeors IF UNDER 1 YEAR IF UNDER 24 HR
	remale White Widowedk Jan. 26. 1864 98 yrs.
1	SUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNT Wassachusetts United State
1	THER'S NAME 14. MOTHER'S MAIDEN NAME
	ohn Rooney Ann Agnes Atkinson
1	AS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address of or unknown) (III yes, give wor or dates of service)
	Sacred Heart Home, W. Hyattsville, Md.
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)
	Conditions, if ony, which (b) Chromog Carding Hadulus Juhnon gover rise to immediate
	ying couse lost. DUE TO OUT
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED YES NOT YES NOT NOT THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED YES NOT YES NOT YES NOT THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED YES NOT THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED YES NOT THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED YES NOT THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED YES NOT THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED YES NOT THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED YES NOT THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED YES NOT THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED YES NOT THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED YES NOT THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (0) 19. WAS AUTOPSY PERFORMED YES NOT THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (0) 19. WAS AUTOPSY PERFORMED YES NOT THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (0) 19. WAS AUTOPSY PERFORMED YES NOT THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (0) 19. WAS AUTOPSY PERFORMED YES NOT THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (0) 19. WAS AUTOPSY PERFORMED YES NOT THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (0) 19. WAS AUTOPSY PERFORMED YES NOT THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (0) 19. WAS AUTOPSY PERFORMED YES NOT THE TERMINAL DISEASE CONDITION GIVEN DISEASE PERFORMED YES NOT THE TERMINAL DISEASE PERFORMED YES NOT THE TE
11400	Oc. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) R CONTRIBUTING CAUSE OF DEATH F EITHER, NOTIFY MEDICAL EXAMINER)
1000	C. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19 20d. INJURY OCCURED While Not while ol work ol work ol work ol work ol work.
	1. I certify that I attended the deceased from the MIN 19 1, 19 1, that I last saw the decease
	live on, 19, and that death occurred at Company, from the causes and on the date stated about the course of the cou
	CTUAL OULUNC TOUR M.D. 25 MM MISE WILLIAM 1036
1	HYSICFAN'S AME (Type)
2	URIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF GEMETERY OF CREMATORY 22d. LOCATION (Gity, lown, or county) (SIGN) EMOVAL (Specify) 3-6-62 mt alivet benettery Washing for . Well-
2	NERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS DATE ADDRESS ADDRE
E	DAIR DAIR

Hally Mark Toll

03690 CERTIFICATE OF DEATH funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where decaesed lived, If institution; Residence before edmission) e. COUNTYb. COUNTY by the and 2 seedeath. MARYLAND rince c. CITY OR TOWN (If outside corporeta limits, write RURAL and give neerast town) b. CITY OR TOWN (if outside corporete limits. LENGTH OF STAY IN 16 by writa RURAL and give nearest fown) filled in Pages 1 d. STREET ADDRESS e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give straet eddrass) ON A FARM? YES NO DE Dey DECEASED OF DEATH (Typa or print) 19 within AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. and c RACE 7. MARRIED NEVER MARRIED last birthday) Months WIDOWED 1Da. USUAL OCCUPATION (Giva kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? dona during most of working lifa even if retirad) 13. FATHER'S NAME please attending 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address Then (If yas giva war or dates of servica signed by the 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH 6 PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) cremation, burial-transit DUE TO gava risa to immediata causa DUE TO (e), stating the underlying cause lest. the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)) 19. WAS AUTOPSY PERFORMED? NO S 20b. DESCRIBE HOW INJURY OCCURED. (Enter netura of injury in Part I or Part II of item 18.) 200. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH may be retained by the DIRECTOR: After this 2Dd. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, (Stata) 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Year fectory, straat, office bldg., atc.) While Not Whila Hour e.m. et work et work 21. I certify that (I) (this hospital) attended the deceased from March 15 1962 to March 21 1962 that (I) (we) last saw the deceased alive on March 18 19.62, and that death occured at 700M, from the causes and on the date stated above. 22b. DATE 22a. SIGNATURE SIGNED ATTENDING DIRECTOR PHYS. M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stata) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF REMOVAL (Specify) March 24, 1962 Walker Chapel Cem. Arlington, Virginia burial 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) 2847 Wilson Blvd., Arlingon, Va 15M 9/60

law requires that the death certificate

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND

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1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BAI 03691 CERTIFICATE OF DEATH	LTIMORE 1, MARYLAND
the funeral 1 2 should ath.	Prince George's Maryland Pr	county
24 hourst lin by the ss 1 and 2 frer death	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Cheverly c. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, and give nearest town) Baden	
d winds all filled rs. Page hours a	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) Prince George's General Hospital 3. NAME OF Middle Last 14. DATE	e. IS RESIDENCE ON A FARM? YES NO
sxecute	OF (Type or print) Thomas E. Simms DEATH ME	arch 30 1962
n and c e carbo ent, wit	Male Colored WIDOWED DIVORCED May 16, 1896 lest birt	5
certifica physicia remove any ev	done during most of working life, even if relired) Prince George, Ma	U. S.A.
ending in please	J. William Simms Mary Gray	
the attent. Then the movel, a	(Yes no or unknown) (((twee give were detective miles))	Brandy wine, Md.
duires thysician ned by it permin, or re	PART I. DEATH WAS CAUSED BY: Congestive Heart Failure	ONSET AND DEATH
ding plan reference signal-transference remation	Conditions, if eny, which gove rise to immediate cause (b) Myocardial Fibrosis	years
N: The or after or after be has be the burial, control or after burial,	(a), steting the underlying DUE TO cause last. (c) Coronary Arterios clerotic Heart Disease PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS.	years ON GIVEN IN PART 1(a): 19. WAS AUTOPSY
respital pospital pospital pertificat use as rior to	A 10 0 10 10 10 10 10 10 10 10 10 10 10 1	YES XX NO
G PHY by the barthis coned for ealth p	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
ENDIN tained to B. After detach	Hour e.m. While Not While factory, street, office bldg., etc.) p.m. 19 et work et work	
R ATTI	saw the deceased alive on 3-30 19.62, and that death occurred at 0.100, from the ca	30, 19.62, that (i) (we) last auses and on the date stated above.
AL DII	220. GRATURE 220. GRATURE ATTENDING MED. M. STAFF PHYS. DIRECTOR PHYS. 22d. ADDRESS 22d. ADDRESS	
OSPIT TO Pag UNER ctor, pa	NAME (Type) Dr. David S. Clayman 6311 Baltimore Ave.	,Riverdale, Md. City, town or county) (State)
O F	REMOVAL (Specify) 4/4/62 St. Leter Waldons 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 25	chr. county md
VR A15 (4) 1SM 7/61	George & Kolson agrasso Md DATE 3/3/162 APF	6 '62 Carlun S. Kra

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1			MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND	
٠. ١		1	03692 CERTIFICATE OF DEATH	03689
Poge director	N	1. PL	ACE OF DEATH COUNTY PRINCE GEORGE MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Res a. STATE b. COUNTY PR	sidence befare admission)
death.	XX	ь.	CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carporate limits, write RURAL of COUNTY	
the fun shauld	V	d.	SUITLAND 20 NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE
by t	^		OR INSTITUTION 17 DUVALL ST 17 DUVALL ST	ON A FARM? YES NO
n 24 ho		DE	ME OF First Middle Last 4. DATE Month OF DEATH MIDR.	Day Year 1962
letely s. Po fter de		S. SEX	6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lift UN lost birthday) Mont	NDER 1 YEAR IF UNDER 24 HRS. ths Days Haurs Min.
camp paper ours a		10a. L	SUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12.	CITIZEN OF WHAT COUNTRY?
be ex and rbon 72 h	T	13. FA	THER'S NAME 14. MOTHER'S MAIDEN NAME	11.5H
icate l	7		JOHN MOORE MARY DAUGH	ERTY
certifing physe remotevent,		15. W. (Yes, no	AS DECEASED EVER IN U. S. ARMED FÓRCÉS? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes, give war or dates of service) (If yes, give war or dates of service) (If yes, give war or dates of service)	
death tendi pleas any		18	. CAUSE OF DEATH [Enter anly one cause per line far (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
the at hen I			PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thromboses	10 days
es that ed by t mit. T			Canditions, if any, which (b) Heneralized arteriosclerosis	15 years
an. signe sit per		1	ause (a), stating the <u>under-</u> DUE TO (c)	()
s beer s per tion, a	0	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN	PERFORMED?
nding prate horice buric		~ O	ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) EITHER, NOTIFY MEDICAL EXAMINER	YES NO B
HYSICIA I or atter is certific use as the		1 - 1 -	c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Haur a. m. 20e. PLACE OF INJURY (Hame, farm, 20f. (City ar tawn) factory, street, affice bldg., etc.)	(Caunty) (State)
aspital fter th d far prior			I certify that (I) (this hospital) attended the deceased from April 4, 1961, to March 14, 1	9.62 that (1) (we) last
TEND The horter tache		S	aw the deceased alive an March 13:1962 and that death accurred at 6.36. M, from the causes and an	the date stated above.
RECTO			Thos. 7. Cleary MD M.D. ATTENDING MED. OIRECTOR STAFF PHYS.	22b. DATE SIGNED 3-14-6
retain RAL DI shauld e Board	1		NAME (Type) Thos. F. Cleary MD 22d. ADDRESS 5358-Silver Hil	7 Rd
HOSP page 3		23a. B	URIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or countries asserting) 3-17-69 EAST 1441 CEM.	nty) (State)
5 5		24. FU	NERAL DIRECTOR'S SIGNATURE ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S	S SIGNATURE
VR A1S (4) 1SM 9/S9		1	DEAL FUNERAL HOME WASH. D.C DATE MAR 1 9 '62 Chilling	1 4. 100

Pencer 6 ences - the Table of the see 501 74410 12 Daysley 57 - 17 During 57 144 C 255 C 255 C 200 C SER YEAVY VINE TO A THE SERVICE OF T A Linding to the second of the second The whole is a strend college and Diel of Distalled April 4 1 market a That Feller The The Thirty to The think where the property of the same

CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceesed lived, Il institution: Residence before edmission) a. COUNTY b. COUNTY Prince Georges County MARYLAND Maryland Prince Georges b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (II outside corporete limits, write RURAL and give nearest town) write RURAL and give nearest town) .E 7 Laurel Pages d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS BONDMIL Prince Georges General Hospita 3. NAME OF Lest DATE Month DECEASED OF TLLLMA Smith (Type or print) Larry DEATH March 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER 1 YEAR last birthday) Months Male White WIDOWED DIVORCED T 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired OWN BUSINESS AUNDRY-DOY CLEANING 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMAN (Yas, no, or unkown) | (Il yes give wer or dates of sarvice) 18. CAUSE OF DEATH [Enter only one cause per line lor (e), (b), end (c).] PART I. DEATH WAS CAUSED BY: Acute Pulmonary Edema IMMEDIATE CAUSE (e) DUE TO Uremia Conditions, if eny, which gave rise to immediate cause DUE TO (a), stating the underlying Acute Glomerulonephritis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. 0 Polyostotic Fibrous Dysplasia of Bone 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Pert II of item 18.) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) Month, Day, Year factory, street, offica bldg., atc.) While Not While Hour e.m. et work at work 19 62, and that death occured at 4:000, Raml the causes and on the date stated above. 22a. SLGNATU DIRECTOR M.D. paged 22c, PHYSICIAN 22d. ADDRESS ctor, John R. Buell 23d. LOCATION [City, town or county] WRIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY ERDOWRIDEE 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) Critury S. Traus 15M 7/61 DATE APR 3

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

. IS RESIDENCE

Yeer

19

INTERVAL BETWEEN ONSET AND DEATH

WAS AUTOPSY

PERFORMED?

NO

(State)

22b. DATE

(Stete)

SIGNED

7 days

7 days

7 days

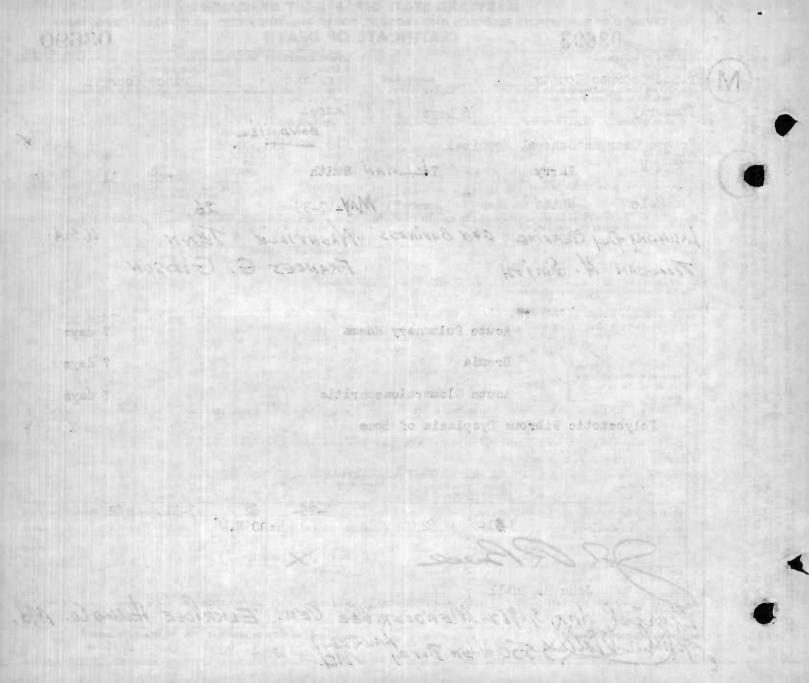
IF UNDER 24 HRS.

Dey

Dave

ON A FARM? YES NO IN

certificate may b Jeeth. Page HOSPIT



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

03691

		TITO OF COUNT IF COUNT (If outside corporote limits, write and the county of the count				
1	RURAL and give nearest town) Cheverly d. NAME OF HOSPITAL (If not in hospital, give street add OR INSTITUTION) Prince George's General 3. NAME OF DECEASED (Type or print) S. SEX 6. COLOR OR RACE Wilder Wilder (Type or print) 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even it retired) during most of working life, even it retired) 13. FATHER NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SO (Yes, no., or unknown) 16. CAUSE OF DEATH [Enter only one couse per line of the print of the pr				A great	give nearest tawn)
D. COUNTY Prince George's B. CITY OR TOWN (If outside copporate limit, write B. CITY OR TOWN (If outside copporate limit, write B. CITY OR TOWN (If outside copporate limit, write B. CITY OR TOWN (If outside copporate limit, write B. CITY OR TOWN (If outside copporate limit, write B. CITY OR TOWN (If outside copporate limit, write B. CITY OR TOWN (If outside copporate limit, write B. DATE OF DWN (If outside copporate limit, write B. DATE OF DWN (If outside copporate limit, write B. DATE OF DWN (If outside copporate limit, write B. DATE OF DWN (If outside copporate limit, write B. DATE OF DWN (If outside copporate limit, write B. DATE OF DWN (If outside copporate limit, write B. DATE OF DWN (If outside copporate limit, write B. DATE OF DWN (If outside copporate limit, write B. DATE OF BRITH Doy PART II. DATE B. DATE OF BRITH DOY B. DATE OF BRITH B. DATE OF BRITH DOY B. DATE OF BRITH B. DATE OF BRITH DOY B. DATE OF BRITH B.		e. IS RESIDENCE				
17		OR INSTITUTION		Enterprise Ro	ned /	
	D. COUNTY OF TOWN IF Guisde corporole limits, write builded of give necessary from 1 to 10					
	0	DECEASED //	are so	1/ 1 OF	EATH max	17 1962
	S. S	EX 6. COLOR OR RACE 7. MARR	IED NEVER MARRIED	B. DATE OF BIRTH		
		Male White WIDOWE	D DIVORCED	July 1, 1898	63 yrs.	
1.	42	during mast af warking life, even if retired)	KIND OF BUSINESS OR INDU	Jarnow, C	D.D. D /1	ZEN OF WHAT COUNTRY?
1	/	Karl Sokolow	ski	anna H	elena Bieli	riski
1			SOCIAL SECURITY NO. 17. IN	NFORMANT	Address CLB	000
			17-58-5836	ms frene Dod	a sopolous	bi, Wife
		1B. CAUSE OF DEATH [Enter anly ane couse per lin	e for (o), (b), and (c).]	, 0 ,		
		PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	rebral k	kmorr hagic on	exct	12 days
		DUE TO	c 1 1 m	10		7
			FIA LOIDS	Drosdorosis'		40012
		gave rise to immediate couse (o), stoling the under-	nevalized	Diterocles	Osia	year
0	Z		ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DI	SEASE CONDITION GIVEN IN PART	T 1(0) 19. WAS AUTOPSY
	ATIC	Hypertensine Inter	usclorate to	post Susperse		
	CERTIFIC		C The Market of the Control of the C	D. (Enter nature of injury in Port I a	r Port II of item 1B.)	
	MEDICAL	Hour a.m. While	Nat while fo	ACE OF INJURY (Hame, farm, 20f. ctory, street, office bldg., etc.)	. (City or Iown) (C	County) (State)
		21. I certify that (I) (this haspital) attend	ed the deceased fram	may 1957	to 3/17 196	2, that (I) (we) last
		40 / /	1 1	1 1000	ram the causes and an the	date stated above.
		220. SIGNATURE				22b. DATE
		Hamle Sur	5		R PHYS.	3/17/62
			Part 2	RID O	enn Dale h	ad
	230	BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 3/20/62	23g. NAME OF CEMETERY C	r national 8	withand, 7	naryland
	24	FUNERAL DIRECTOR'S SIGNATURE	ADDREST LE K	annes 250. REC'D BY R	REGISTRAR 25b. REGISTRAR'S SIG	GNATURE V
	1	alleys Tuneral of	one, 7	nd DATE MAR Z	1 '62 Charles 1.	Fliance
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		J. January		

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) a. COUNTY b. COUNTY ector. Pas files. Prince George Prince George's MARYLAND Maryland b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) your write RURAL and give nearest town) Cheverly Landover Hills d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) a. IS RESIDENCE ON A FARM? George 's Prince General Hospital Varnum St. YES NO X 3. NAME OF 4. DATE Month Day DECEASED OF (Type or print) DEATH JAMES RUDOLH 19 62 March 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 9. AGE (In years | IF UNDER I YEAR IF UNDER 24 HRS. last birthdey) Months Male DIVORCED T after 1, 2, a ge 5 and Dec. 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? executed within 24 hours af cil in Item 18. Give Pages 1, 2 along with form PM3. Page done during most of working life, aven if retired) pages Retired Prop. Clk
13. FATHER'S NAME U.S. Gov't. New York USA 14. MOTHER'S MAIDEN NAME OSCAR G.E. SPAHR GUARTZ 15. WAS DECEASED EYER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17, INFORMANT Address permit. (Yas, no, or unkown) | (If yes give war or datas of sarvica) and Office along with No Mildred H. Spahr Same as #2 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Acute congestive heart failure JMMEDIATE CAUSE (a) DUE TO Conditions, if any, which Cardiovascular renal disease (b) cremation, "pending" 10 gava risa to immediata cause as DUE TO (a), stating the undarlying nsed causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY CERTIFICATION pe PERFORMED? Diabetes for last four years NO X pinous 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Pert II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. Chief. MEDICAL 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ; (County) (Slate) factory, street, office bldg., etc.) Not Whila at work at work 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection X Inquiry X and in my opinion death resulted from: Natural causes 37 Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL. ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER X JAMES NAME (Typa) Addrass (Street, city, town, or county) 22d. LOCATION (City, town, or country) A OH MAR 2 8 '62 arilan & Kraus

AND STATE DEPARTMENT OF HEALTH

the huperil 7100 that upper franchis a for the bands 1000 1000 STEELS OF THE STATE OF THE STAT ME TENNE BOME PARTER BY - Addet wat deal out seriest

PRESTON STREET, BALTIMORE 1, MARYLAND 03696 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution; Residence before edmission e. COUNTY b. COUNTY Howard c. CITY OR TOWN (II mits, write RURAL and give nearest town) .⊆ 7 filled . IS RESIDENCE ON A FARM? YES NO DECEASED OF (Type or print) DEATH 19 IF UNDER 24 HRS AGE (In yeers | IF UNDER 1 YEAR NEVER MARRIED 7. MARRIED and Months Hours WIDOWED USUAL OCCUPATION (Give kind of work remove 12. CITIZEN OF WHAT COUNTRY? own home law requires that the 1B. CAUSE OF DEATH [Enter only one couse per IMMEDIATE CAUSE (e) DUE TO attending geve rise to immediate cause DUE TO (e), steting the underlying has couse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PA 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH 2Dd. INJURY OCCURRED ATTENDING 2Dc. TIME OF INJURY Month, Day, Yeer 20e, PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stete) factory, street, office bldg., etc.) While Not While Hour a.m. et work et work DIRECTOR: 21. I certify that (I) (this hospital) attended the deceased from. saw the deceased alive on. . and that death occured at from the causes and on the date stated above. 22e. SIGNATURE ATTENDING DIRECTOR PHYS. NERAL 22c. PHYSICIAN 22d. ADDRESS NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23e. BURIAL, CREMATION, | 23b. DATE THEREOF 23d. LOCATION REMOVAL (Specify) Clarksville, Howard Co., Md. March 15,1962 St. Louis Cemetery 0 Georgia AVE REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60 Pumphrey Silver Spring, Md. DATE MAR 1 5 '62

SAS BASE DE LA COMPANION DE LA TORING STEERS SEED WARREND EAUREE COM 3-8-62 PURTON ELLINE THE SANTER RIME KEN ROLD EREA E SPENIER HE BELLE E PENNARA WHITE DECEMBER 18 437 857 Decise On the MARRENA John F. Strus Window Books month of the standard of the s my course at the confirm of the white white when (16 2 8 20 2 1 4 x , 1) 3-12= 62 3-3-1-62 ERIKA TO KRAENER SANTANIA SANTANIA SANDA 164 Carrierlitz, Morre C., Dr. Contract \$2000 at Sect. of county of Fature ath shotest Hts A

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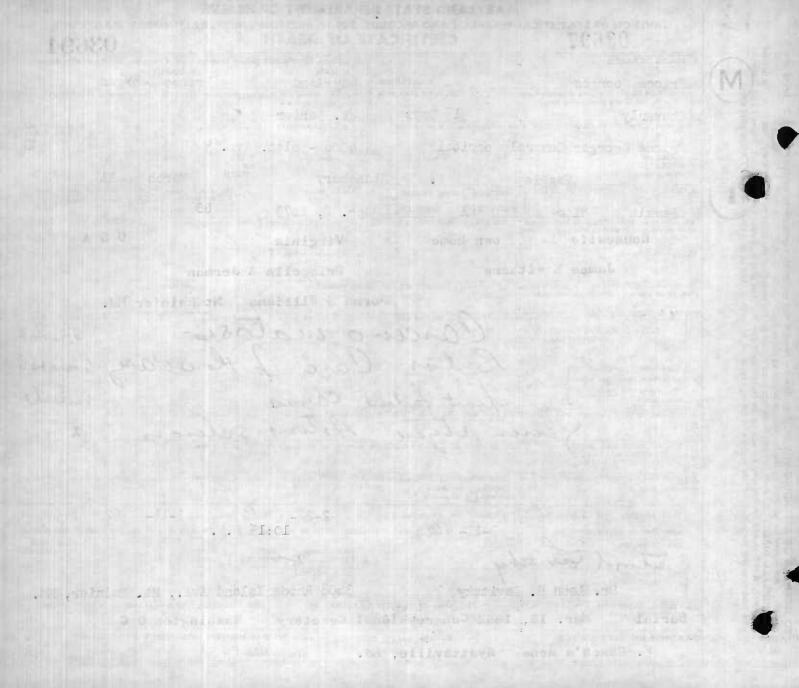
MARITAND STATE DEPARTMENT OF THE	
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREE	ET, BALTIMORE 1, MARYLAND
03697 CERTIFICATE OF DEATH	0200

	000,4
1. PLACE OF DEATH a. COUNTY	USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) a. STATE b. COUNTY
Prince Georges MARYLANT	
b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1	
write RURAL end give nearest town)	2.1
Cheverly d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	t. Ranier
	d. STREET ADDRESS o. IS RESIDENCE ON A FARM? YES NO [[
Prince Georges General Hospital 3. NAME OF First Middle	1 4000 0150
DECEASED	OF
(Type or print) Maggie M. S	tansbury DEATH March 11 1962
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS.
Female White WIDOWED TO DIVORCED	Apr. 8, 1873 Rest birthdey) Months Deys Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY
Housewife own home	Virginia USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James E Withers	Priscella A Jerman
(Ves. no. or unknum) ((fives sive wester dates of semilar))	. INFORMANT Address
ITYS GIVEN CONTROL OF UNIXON OF UNIX	orma S Williams Mt Rainier Md.
18. CAUSE OF DEATH [Enter only one cause per ling for (e), (b), end (c).]	INTERVAL BETWEEN
PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	o malosto
1 - 2	O O O
DUE TO K	(1. // 4 N/10 N/ 1. 11.
Conditions, if any, which (b)	Carc. 16 The O UWY 6 months
geve rise to immediate cause (e), stating the underlying DUE TO	
cause lest, (c) feart facts	re Chime I wish
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
oner alread	Atlino Sales sa YES I NO T
200. ACCIDENT WAS UNDERLYING THE 206. DESCRIBE HOW NIJURY OCCU	RED. (Enter neture of injury in Pert II of item 18.)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT COLOR 200. ACCIDENT WAS UNDERLYING TO DESCRIBE HOW NIJURY OCCUMENT OF CONTRIBUTING TO CAUSE OF DEATH OF CONTRIBUTING TO CAUSE OF DEATH IIF EITHER, NOTIFY MEDIGAL EXAMINER)	
	PLACE OF INJURY (Home, ferm, † 20f. (City or town) (County) (State)
Hour e.m. While Not While	factory, street, office bldg., etc.)
p.m. 19 et work et work	
21. I certify that (I) (this hospital) attended the deceased fro	m
	nat death occured al.O.: In Point the causes and on the dete stated above
22e. SIGNAZORE	ATTENDING MED. STAFF 22b. DATE
and threely	M.D. PHYS. DIRECTOR PHYS.
22c. PHYSICIAN'S	22d. ADDRESS
Dr. Leon R. Levitsky	31,08 Phode Teland Ave Mt Perint
	B408 Rhode Island Ave., Mt. Rainier, Md.
3a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	
Burfarecity) Mar. 15, 1962 Congression	nal Cemetery Washington D C
4 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
F. Gasch's Sons Hyattsville,	Md. DATE MAR 15'62 Quilly & France

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed in 24 hours after death. Page 4 may be retained by the hospital or attending physician.

FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral forcetor, page 3 should be detached for use as the burial-transit permit. Then please remove care pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, winn, 72 hours after death.

VR A15 (4) 15M 7/61



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	5 death. Page 4 may be retained by the hospital or attending physician.	A	22 grantor, page 3 should be detached for use as the burial-transit permit. Then please remove carbo, pers. Pages 1	be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, with., 72 hours after	
	15	M	7/	61	

CERTIFIC

MEDICAL

23a. BURIAL, CREMATION, | 23b. DATE THEREOF

REMOVAL (Specify)

24 FUNERAL DIRECTOR'S SIGNATUR

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) a. COUNTY b. COUNTY PRINCE GEORGES DISTRICT OF COLUMBIA MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) write RURAL and give neerest town) 23 DAYS ANDREWS AIR FORCE BASE BOLLING AIR FORCE BASE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO X US AIR FORCE HOSPITAL ANDREWS 74 WESTOVER AVENUE 3. NAME OF 4. DATE Month Middle DECEASED OF DEATH (Type or print) JULTA STROTHER MARCH 18 1962 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 9. AGE (fn years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. DATE OF BIRTH last birthday) Months Days FEMALE 28 SEPTEMBER 1899 CAUCASIAN WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) HOUSEWIFE BATESVILLE, VIRGINIA UNITED STATES 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME T. W. TAYLOR MARIG MOON 15. WAS DECEASED EYER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give wer or detes of service) DEAN C STROTHER (HUSBAND SAME AS ITEM #2 NO 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c),] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: CARCINOMA OF ESOPHAGUS MMMEDIATE CAUSE (+) DUE TO EMPYEMA, LEFT THORAX Conditions, il eny, which geve rise to immediate cause DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES X NO 2Db. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Part II of item 18.) (Stete) 20d. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, ferm, (County) Month, Day, Year fectory, street, office bldg., etc.) While __ Not While Hour e.m. et work et work

2De. ACCIDENT WAS UNDERLYING T OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dc. TIME OF INJURY 18 MARCH 19 62, and that deeth occured a 748AM, from the causes and on the date stated above. 22b. DATE ATTENDING STAFF SIGNED 18 MAR 62

PHYS. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) ALBERT D CARILLI, Capt USAF MC

USAF HOSP, ANDREWS AIR FORCE BASE, MD 23d. LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY (State)

ARLINGTON NATL 26 3072. NJ St) 20 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE

DEAN O STROTTER (HUSBARIO PAR AS 11ER 22

KATESVILLE, VIRGILIA - UTITED STATES

ALBERT D CARLLI. CAPT USAY MC - USAF HOUR, ANDERES AIR FORCE DAGE

RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 03699 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY a. STATE Prince Ceorges MARYLAND Maryland Prince Georges b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give rearest town) write RURAL and give nearest town) Ranier Cheverly d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? YES TO NO NAME OF Middle 4. DATE Month Year DECEASED OF (Type or print) DEATH 19 60 Harry Sturgis 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH last birthday) Months Days Male WIDOWED [DIVORCED T 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. 12. CITIZEN OF WHAT COUNTRY! BIRTHPLACE (County & State, or foreign country) done during most of working life, ever if retired) 13. FATHER'S NAME SOCIAL SECURITY NO. 17. INFORMANT cause per line for (a), (b), and (c).) INPERVAL BETWEEN ONSET AND DEATH 10 4 month IMMEDIATE CAUSE (a) DUE TO torio scholeros Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying cause last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO X 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING IT OF CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Not While While at work at work p.m. 21. I certify that (1) (this hospital) attended the deceased from 5-21, 1967 to 3-5, 19.62 that (1) (we) last 22b. DATE 22a. SIGNATURE SIGNED ATTENDING STAFF DIRECTOR PHYS. Walde 22c. PHYSICIAN'S 22d. ADDRESS Waldo B. Moyers Mt. Rainier 23d, LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY 23a, BURIAL, CREMATION, 23b. REC'D BY REGISTRAR 25%, REGISTRAR'S SIGNATURE ADDRES\$

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VR A15 (4)

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in 24 hours after ATTENDING PHYSICIAN: The law requires that the death certificate be executed

impletely filled in by the funeral papers. Pages 1 and 2 should in 72 hours after death TO HOSPIYAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be death. Page 4 may be retained by the hospital or attending physician.

FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and snector, page 3 should be detached for use as the burial-transit permit. Then please remove car be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, we VR A15 (4) 15M 7/61

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

ORGANIZATION 03697

1. PLACE OF DEATH				A STATE		b. COUN	nstitution: Resid	dence before edmission)
b. CITY OR TOWN (f outside corporate lim give neerest town)	its, c	MARYLAND LENGTH OF STAY IN 16	Mary lan	(If outside corpo	Prince		
Cheverly			2 days	64 Hyattsv	ville			
	rge's Gene			d. STREET ADDRESS	s akridge l	Road		e. IS RESIDENCE ON A FARM? YES NO S
3. NAME OF	First		Middle	Last	4. DATE	Month	D	ay Year
(Type or print)	Walter		C.	Summer	OF DEATH	March	5	19 62
5. SEX	6. COLOR OR RACE	7. MARRIED		B. DATE OF BIRTH 11-18-85	9.	AGE (In years last birthday) 76 yrs.	Months Day	
10a. USUAL OCCUPAT done during most of wo Ret. Army	rking life, even if retire	k 10b. KIND		RY 11. BIRTHPLACE (Cou	vania		U S	OF WHAT COUNTRY?
	R. Summ	ner		Ida May				
15. WAS DECEASED EV			CIAL SECURITY NO. 17.	INFORMANT	Dewey	Address		
Yes, no, or unkown (I	Yesgivewarordetesofs	service)		harlotte C.	Summe		26 #2 1	(Wife)
Conditions, if eny geve rise to immedi (e), steting the u cause lest.	, which (b)	Arteri Partia	l Intestinal	ombosis eart Disease obstruction	. (due to			
UF EITHER, NOTIFY	MEDICAL EXAMINER)			D. (Enter neture of injury in				
20c. TIME OF INJU Hour e.m. p.m.	RY Month, Dey, Ye	While et work	Not While fee	ACE OF INJURY (Home, fe ctory, street, office bldg., et	rm, 20f. (City fc.)	or town)	(County)	(State)
			the deceased from	t death occured at?				Z-that (I) (we) last date stated above
22a. SIGNATORE	all C.	Elgu		ATTENDING PHYS.	DIRECTOR	STAFF PHYS.		226. DATE SIGNED 3-6-6 2
22c. PHYSICIAN'S NAME (Type)	DONALD	C.EDG	REN	22d. ADDRESS 3	5-00 Ear	wille !	ml com	ч
BURIAL, CREMATI	March 8		Ft Lincoln		Colma	TION (City, tow	n or county) Md.	(State)
24 FUNERAL DIRECTOR	's SIGNATURE SCh'S Son				EC'D BY REGIST		ISTRAR'S SIGN	NATURE

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THE GREEK STRING WHITE STREET

1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before admission) e. COUNTY Prince George's Prince George MARYLAND b. CITY OR TOWN (if outside corporate limits, e. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) write RURAL and give neerest town) Glen Arden Heights Cheverly d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? Prince George's General Hospital 1505章 3rd Street YES NO K NAME OF 4. DATE DECEASED OF (Type or print) Clara Swann DEATH Veda 10 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yeers I IF UNDER 1 YEAR) IF UNDER 24 HRS. last birthdey) Female WIDOWED DIVORCED Dec. 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) District of Columbia Own Home House wife Hans Bowdwin 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (Ifyesgive wer or detes of service) William Henry Swann, same as none 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN s Office along ONSET AND DEATH PART I. DEATH WAS CAUSED 8Y: Acute congestive heart failure IMMEDIATE CAUSE (e) DUE TO Cardiovascular renal disease Conditions, if eny, which geve rise to immediate cause DUE TO (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO TO 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.)

PRIMARY TO OF CONTRIBUTING T CAUSE OF DEATH. 20c. TIME OF INJURY Month, Dey, Yeer Hour e.m.

20d. INJURY OCCURRED While Not While at work at work

21. I certify that I took charge of the remains described above, held an Autopsy . Inspection X

2De. PLACE OF INJURY (Home, ferm,) fectory, street, office bldg., etc.)

Inquiry T

and in my opinion

Undetermined manner Natural causes T Accident Suicide Homicide death resulted from: CHIEF MEDICAL EXAMINER ACTUAL

Boyd

ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER

DATE SIGNED

SIGNATURE EXAMINER'S NAME (Type)

ames

Address (Street, city, town, or county)

March 10,1962

220. BURIAL, CREMATION,

22d. LOCATION (City, town, or country)

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301 W. PRESTON STREET, BALTIMORE 1, MARYLAND PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) e. COUNTY b. COUNTY George's MARYLAND Maryland Prince Geo: Prince George's b. CITY OR TOWN (if outside corporate limits c. LENGTH OF STAY IN 16 write RURAL end give nearest town) Cheverly
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) Hyattsville . IS RESIDENCE ON A FARM? YES NO W George's General Hospital Prince 3120 Powder Mill (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 24 GP IF UNDER 1 YEAR last birthday) Months Days 8 1Db. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retirad) House wife At Home U.S.A. Penna Coons Thomas Cooms Mary Bender Addre Hyattsville, Md. (Yes, no, or unkown) | (Ifyesgive war or detes of service) Leo Martin Swift 5904 Chillum Gate NO 577-18-0424/
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: Pulmonary embolism IMMEDIATE CAUSE (a) DUE TO Fracture of right hip geva rise to immediate cause DUE TO (a), sleting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e): 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO T 2Da. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 2Db. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Part I or Part II of item 18.) CAUSE OF DEATH. Fell on floor gettimg out 2Dd. INJURY OCCURRED 2Dd. PLACE OF INJURY (Home, form, of bed 20c. TIME OF INJURY Month, Day, Yeer 2Df. (City or Iown) (County) (Steta) fectory, street, office bldg., etc.) Not While et work al work Home Adelnhi 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X Inquiry X and in my opinion Undetermined manner death resulted from: Natural causes Accident X Suicide Homicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE 3/26/62 EXAMINER'S NAME (Type) BOYD M.D. Address (Street, city, town, or county) REMOVAL (Specify) unal MAR 3 0 '62 arthur S. Kraus

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND MEDICAL EXAMINER'S OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTY Talbot a. COUNTY Prince George's MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
Hillcrest Heights Eastern Easton 19 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? 613 South Street 2915 Fairlawn Streetz YES NO 3. NAME OF Middle DATE Month Yaar DECEASED OF (Type or print) Basil DEATH Robinson March 31 Taylor 6. COLOR OR RACE 7. MARRIEN NEVER MARRIED B. DATE OF BIRTH AGE (In years LIF UNDER 1 YEAR) IF UNDER 24 HRS. last birthday) Months E Z Male Sep. 29, 1899 WIDOWED DIVORCED 4 57 P 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Stata or foraign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired) Merchant Retired Maryland U. S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Norman Billieter Taylor Flora Towers 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give war or datas of servica) No Charles Norman Tayler. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] should be executed in land.'s Office along burial-transit AND DEATH PART I. DEATH WAS CAUSED BY: Acute congestive heart failure IMMEDIATE CAUSE (a) DUE TO Coronary artery disease Conditions, if any, which SO gava risa to immadiata causa DUE TO (a), stating the underlying Cardiovascular renal disease causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION burial, PERFORMED? YES NO 2Db. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of itam 18.) 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. MEDICAL Month, Day, Year 20d. INJURY OCCURRED 2De, PLACE OF INJURY (Home, ferm, ! 2Df. (City or town) (County) (State) factory, street, offica bldg., etc.) Whila Not While af work at work 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection X. Inquiry X and in my opinion Homicide Undetermined manner death resulted from: Natural causes Accident Suicide should be forward FUNERAL DIRE CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE March 31, 1962 DEPUTY MEDICAL EXAMINER 6 EXAMINER'S James I NAME (Typa) Address (Straet, city, town, or county) DEP Health 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Stata) 22a. BURIAL, CREMATION, REMOVAL (Specify) 0 Junior Order Cemetery Preston, Maryland 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VR A15ME Cirilwa S. France DATE APR 3 Easton, Md. 5M 1/62

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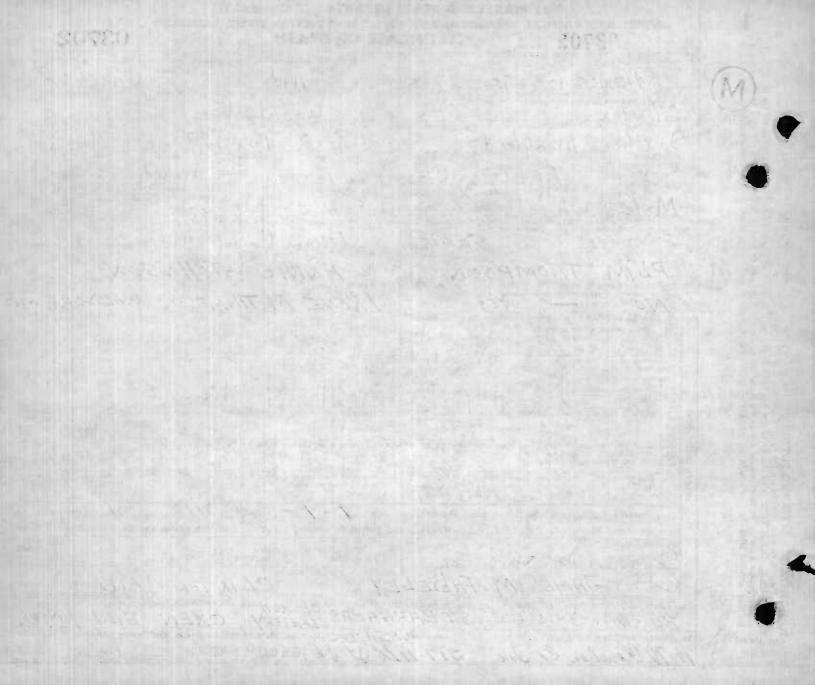
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

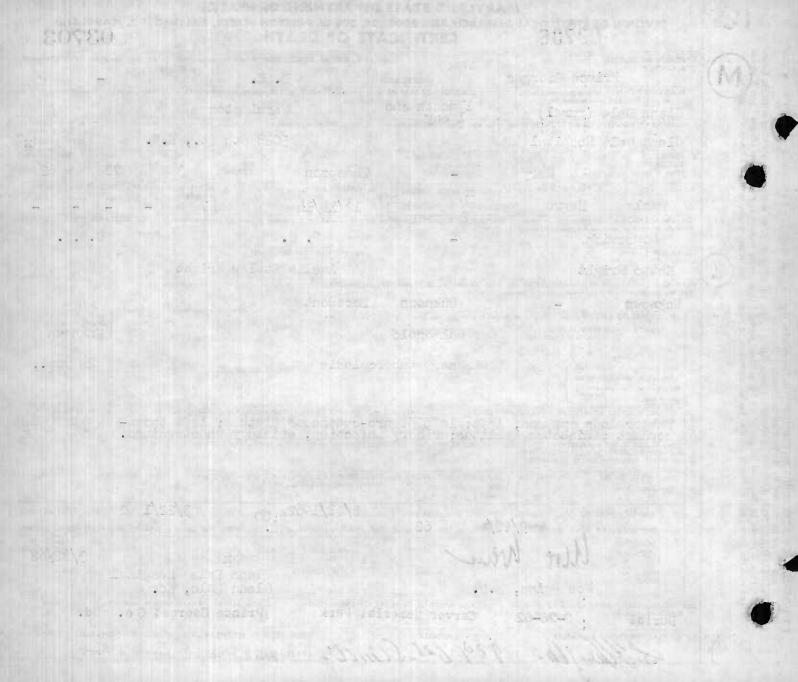
03704 **CERTIFICATE OF DEATH** Reg. Dist. No. 03701

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	COUNTY	nce Georg		MARYL	AND	o. STATE			lived. If institut b. COUNTY				ion)
	CITY OR TOWN (IF	outside corporate limit		c. LENGTH OF STAY I	N 1b		lary.	m eres a ve	ote limits, write I	Pr.			1)
	RURAL ond give ne			E TOONS	111	X.	~						
1	Cottage	AL (If not in hospital, g	ive street	5 years		d. STREET A	croon	11				15 055	10.51.55
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		ker Hill	Rd									YES 🔣	NO 🗌
DE	CEASED pe or print)	Fire No.+	tie	Middle		Tavma		4. DATE OF DEATH	Mod	arch	D ₀		Yeor 19 62
S. SEX	(RIED NEVER MARRIE		B. DATE OF BIRTH		1	P. AGE (In years	IF UNDER			
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	ousewif			Own Home		Mary	vland	i			U.	S.	A.
	THER'S NAME	Machini Mari				14. MOTHER'S						~ •	
J	•hn Smi	th						t Well	9				
15. W	AS DECEASED EVER	IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17. 18	FORMANT	Jul 9	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		ress		Same	as e
N.	O (I	If yes, give wor or dates of se	rvice)		Mr	s. Mabe	al El	lizahe	th Tho	וולמיו			
		THE FE .	- 1	ne for (o), (b), and (c).]	1222	5 11acc		LLZabe	OII IIIO	11104		RVAL BE	
1	PART I. DEAT 42 Conditions, if on gove rise to in couse (o), stoting t	nmediote (C	nono	7	9n Hen	t	Pice	- cre		3	+ 4	er.
CATION	ying couse lost. PART II. OTH) (c)		CONTRIBUTING TO DEA						/EN IN PAR	T 1(o) 1	PERFO	AUTOPSY RMED? NO
	FEITHER, NOTIFY	MEDICAL EXAMINER)											
MEDICAL	c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Yea	While	NJURY OCCURRED Not while t of work		CE OF INJURY (I fory, street, office			or town)	(1	County)		(Stote)
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a	live on 3		_, 19_6	2, and that	death	accurred at					he da		
	/	11	10	2					eet, city or town,	stote)		D/	ATE SIGNE
SI	CTUAL GNATURE	Voldo	VS. L	Moyer	5 A	A.D. 3503	Per	cry St	.,	11.		3/25	0/62
	HYSICIAN'S AME (Type)	aldo B. M							Maryla	nd.			
22o. B	URIAL, CREMATION	N, 22b. DATE THEREO	F	22c. NAME OF CEME	TERY OF	CREMATORY		22d. LOCATION	ON (City, town,	or county)		(Stote	e)
Bů	EMOWAL (Specify)	3/28/62	2.	St. Thom	as	Cemete:	rv	Croon		,,	Mar	vla	
	NERAL DIRECTOR'S	SIGNATURE		ADDRESS				D BY REGISTR		STRAR'S SIG	-	N	2.00
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7	1. F	LACE OF DEATH	ī				2. USUAL RESIDE	NCE (Where de	ceased lived, II		Rasidena	e before	edmission
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	b	CITY OR TOWN (if outside corporata lim I give nearest town)	its,	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN	4 (If outside corp	orate limits, wri	te RURAL en	nd give r	neerest to	wn)
		Glenn Dal	/ ~ 1		1 month an	nd	W	Tashingt	on		4-7	x .	3
8				if not In hos	spital, give street address)	d. STREET ADDRES	is					A FARM
		Glenn Dal	e Hospital				5	6048 8th	St., N	•E•		1	NO [
Ì		NAME OF DECEASED	First		Middle		Last	4. DATE	Mon	th	Day	Yes	
1		Type or print)	Mary	7	-		Thompson	OF DEATH	3		22	19	62
1	5.	SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	ПВ	. DATE OF BIRTH	9				IF UNDE	R 24 HRS
		Female	Negro	WIDOWE			12/11/11		last birthday)	Months	Deys	Hours	Min.
	10a.	USUAL OCCUPAT	ION (Give kind of wor	k 10b. K	IND OF BUSINESS OR IN			unty & State, or	44) 12. CI	TIZEN O	WHAT	COUNT
	don	 during most of wo Housew 	orking life, even if retin	ed)			S. C.			H	TT	.S. A.	4/13
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			H WAS CAUSED BY:	cause per	line for (a), (b), end (c).)						ON	SET AND	DEATH
		PARTI. DEAT	IMMEDIATE CAUSE (a)	Co	or pulmonale	9					_ U	nknov	m
		002	DUE TO										
		Conditions, if eny	, which) (b)	PI	lmonary tub	perc	ulosis					24 yr	rs.,
		gave rise to immed (e), stating the u	DIR TO										
		cause last.	(c)										
1	Z	PART II. OTHE		ITIONS COI	NTRIBUTING TO DEATH	BUT NO	T RELATED TO THE TER	MINAL DISEASE	CONDITION GI	VEN IN PAR	T 1(a) 1	9. WAS	AUTOP
	CERTIFICATION	Tubercul	ous empyem	a, le	ft; left ple itus:urinary	euro	-cutaneous	fistula	; Left	thora-		ES	ORMEDI NO [
	LIFIC	20a. A'CCIDENT W	AS UNDERLYING	20b. DES	SCRIBE HOW INJURY OF	CCURED	. (Enter natura of injury	in Part I or Part I	l of item 1B.)	III.LIICU.			
	CER	OR CONTRIBUTING	CAUSE OF DEATH										
	3	20c. TIME OF INJU	JRY Month, Day, Yo	par 20d.	INJURY OCCURRED 2		CE OF INJURY (Homa, fo		y or town)	(Co	unty)		(Steta)
	MEDICAL	Hour a.m.	40	While wo		fact	ory, street, offica bldg.,	afc.)					
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			sed alive on	21,661.	19	d that	death occured at.		ine causes	and on	the da		b. DAT
		22a. SIGNATURE	1/11/10	IN.	. /		ATTENDING	MED.	STAFF			3/2	2 /5
		22c. PHYSICIAN'S	UUI (NA		М	22d. ADDRESS	DIRECTOR 3			- T	2/6	-/02
		NAME (Type	1	C 7/ 1			224. ADDRESS		Dale H		ат		
1			Moe Weis			FPERM	OR CREMATORY		Dale, M		the)	1	State
	23a	BURIAL, CREMAT REMOVAL (Specify Burial	3-26-6		Carver Mem	oria	al Park		e Georg			d.	21016)
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K	24	FUNERAL DIRECTO	RESIGNATURE	1	ADDRESS	01.		REC'D BY REGIS		arilun.			
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		or unkown)					OCIAL SECL	JRITY NO.					0	EEO	_	Address	172 7	1 3 3	- W.1
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	18.	PART I. DE	ATH WAS	CAUSED B	Y:	ise per line	P (0), (b)	. 1/	Icel	9	1	he	m	on	nl	(day	9		ERVAL BETY EEN
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	ceus	e lest.		-)	(c)							4							S. LONE
2	CERTIFICATION (IL E	PART II. OTH	IER SIGNIF	ICANT CO													N IN PA		9. WAS AUTOPSY PERFORMED? YES XX NO
	OR O	ACCIDENT CONTRIBUTION THER, NOTI	WAS UND	DERLYING USE OF DEA AL EXAMI	ATH NER) 20	b. DESCE	RIBE HOW I	NJURY OC	CURED. (Enter na	nture of ir	njury in F	Pert I or	Pert II (of item	18.)			
	WEDICAL 20c	Hour a.m		Month, De	y, Year	20d, IN While et work	JURY OCCU Not Whi	le	factor		JURY (Ho , office bl			(City	or town	1)	(Co	ounty)	(State)
	21.	l certify	that (I)	XXXX	XXXX	attende	d the de	ceased	from1	.8 M	ARCH		19.62	? to	19	MARC	H, 19	62,	hat (I) (XX) las
	saw	the dece	ased ali	ya on	19 M	ARCH	19	62 and	I that o	death	occure	at 2	40 1 ,	from	the c	auses	and on	the da	ate stated above
	220.	SIGNATUR	U		76	ai	il	2	M.D	ATT	ENDING	X 2	AED. IRECTO	R 🔲	STAF			1	9 MAR 62
1	22c.	PHYSICIAN MAME (Ty		ERT D	CAR	ILLI	Capt	USAE	F MC	-	SAF		, Al	NDRE	EWS	AIR	FORC	E BA	SE, MD
	23a, BU REMO	RIAL, CREMA	ATION, 2:	3b. DATE		1-62	23c. NAMI	of CEMI	ETERY OF	R CREM	ATOM	>	23d.	19CA	HOIL	City low	n or cour	hty)	(Stata)
0	24 FUN	RAL DIRECT	OR'S SIGI	NATURE	1-0-		ADDE	RESS		, , -					RAR 2	5b. REC	ISTRAR'S	SIGNAT	TURE
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BENYTEE) BUCKEY BUTTER NAU I SEAN SUREY STA DVININA US ALP PORCE SCUPPIAN ASSESSMENT - SECTION STREET HUMAN COLOR TENEDES TO STRONG TO THE PARTY OF THE PARTY O BARKIABB SELECTION OF COURSE OF COURSE COURSE SECTION OF THE SEC the residence I where person we was the many publication of the state of the st Planets State of the State of t SUBJERT D'OMNÉERI, CHUE USAF MC USAF BOSP, AHONEMS AIR FORGE MASTE, TO The state of the s THE THE SECTION OF THE PARTY OF

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where dacassed livad, If institution; Residence before admission) a. COUNTY b. COUNTY Prince George's Maryland Prince George's MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerast town) write RURAL end give nearest town) Hyattsville 1½ years years Hyattsville a. IS RESIDENCE ON A FARM? 4904 4904 YES NO X Street 3. NAME OF DATE Middle Yaar DECEASED OF (Typa or print) GLENN DEATH JOHN 19 62 March 6. COLOR OR RACE 7. MARRIED NEVER MARRIED K AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Male WIDOWED M3. Pages 1, 2, a 12. CITIZEN OF WHAT COUNTRY? done during most of working life, evan if retirad) Maryland Short Order Cook Food USA John Arthur Tippett Bessie Agnes Cook 16. SOCIAL SECURITY NO (Yes, no, or unkown) | (Ifyes giva war or datas of servica) John Arthur Tippett, Same as No 18. CAUSE OF DEATH [Enter only one cause per lina for (a), (b), and (c).] along ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Hemorrhage and shock IMMEDIATE CAUSE (a) Office DUE TO Gun shot wound in the chest gava rise to immediata causa DUE TO (a), stating tha underlying cause last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? se execute the certificate, writing the word should be forwarded to the Chief Medical E FUNERAL DIRECTOR: Page 3 should be NO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter natura of injury in Pert I or Part II of itam 18.) PRIMARY or CONTRIBUTING CAUSE OF DEATH. Shot the chest MEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Month, Day, Year (State) factory, straet, office bldg., etc.) et work at work Home Hvattsville P.G. 21. Certify that I took charge of the remains described above, held an Autopsy | |, Inspection X. Inquiry Y and in my opinion Undetermined manner Suicide X death resulted from: Natural causes Accident Homicide MEDIC CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY DEPUTY MEDICAL EXAMINER JAMES Addrass (Straat, city, town, or county) 22a, BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) Burial (Specify) 3/28/62 0 Washington National Suitland, Maryland ADDRESS 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VR A15ME 5M 1/62 Francis Gasch's Sons arthur S. Kraus Hyattsville, Md. DAMAR 2 9 '62

AND STATE DEPARTMENT OF HEALTH

standard dones dageth arad Foot - Journe Barry Sons 16 Test, 17,394 Conn arrive Tippett, Same as All Hooder bitti unantroccell daede weit al bauer dens music enting . into Shot offer to mis and lies fort 7: 15 153/25 . 65 - 10 House Typic exting P.B. buttered bening denoted norminas W. C. 30185 (1279 C

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Whare deceased livad, If Institution: Residence before admission) a. COUNTY a. STATE b. COUNTY by the and 2 death. Prince Georges D.C. MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Glenn Dale (rural days Washington .5 7 filled in Pages d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give straet address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Glenn Dale Hospital Rittenhouse YES NO W NAME OF Middle Last 4. DATE Month Day Yeer DECEASED OF (Type or print) DEATH 29 Simon Troshinsky 19 62 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. ¥. and last t thday) Months Days Min. Hours Male White WIDOWED TO DIVORCED requires that the death certificate 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Poland Poland Sexton 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please attending | Then please HillelTroshinsky Esther 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT 400 Thdian Head Ave. (Yes, no, or unkown) | (If yes give war or dates of servica) Mrs. DORA Papier Indian Head Md 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Cerebrovascular accident with right hemiparesis weeks IMMEDIATE CAUSE (a) DUE TO Conditions, if any which gava rise to immediata cause DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATION PERFORMED? Pulmonary tuberculosis generalized arteriosclerosis; NO X hypertensive cardiovascular disease(historical 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter natura of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH for the MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED I 20e, PLACE OF INJURY (Homa, farm, 20f. (City or town) (Stete) Month, Day, Year (County) factory, straet, office bldg., atc.) Whila Not Whila Hour a.m. at work at work TOR: p.m 21. I certify that (I) (this hospital) attended the deceased from....... to OR 22b. DATE 22a. SIGNATURE SIGNED ATTENDING 162 PHYS. DIRECTOR TY PHYS. JNERAL M.D. 22d. ADDRESS 22c. PHYSICIAN'S Glenn Dale Hospital HOSPIT NAME (Type) Moe Weiss. M.D. Glenn Dale, Md. And LOCATION (City, town or county) 23a, BURIAL CREMATION, 23b. DATE THEREOF 234 NAME OF CEMETERY OF CREMATORY (Stete) REMOVAL (Specify) OH FUNERAL DIRECTOR'S SIGNATURE 25a, REC'D BY REGISTRAR 25b, REGISTRAT'S SIGNATURE VR A15 (4) 15M 7/61 Circling S. Thousa DATE

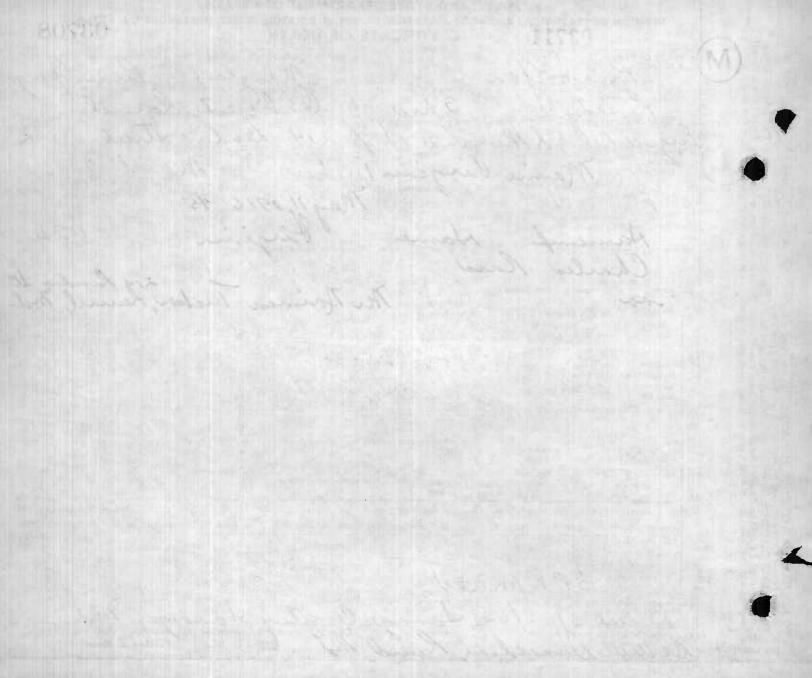
MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH **DIVISION OF STATISTICAL RESEARCH AND RECORDS** ON STREET, BALTIMORE 1, MARYEAND CERTIFICATE OF DEATH funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where daceased lived, If institution: Residence before edmission) COUNTY a. STATE b. COUNTY by the and 2 death. MARYLAND limits, write RU AL and give and CITY OR TOWN (if outside corporate limit c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corpo MAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? YES NO DATE DECEASED OF (Type or print) 6. COLOR OR RACE | 7. MARRIED THEYER MARRIED AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. lest birthdey) Months WIDOWED USUAL OCCUPATION (Give kind of work remove 10b. KIND OF BUSINESS OR INDUSTRY (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 15. WAS DECEASED EVER IN U.S. ARMED FORCES ROLL (Yes, No, or unkown) | (Ifyesgive war or dates of servica) 18. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), end (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which geve rise to immediate cause DUE TO (a), steting the underlying ceusa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO . marrive ascillo + anasara 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury In Pert I or Pert II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, tarm, ; (County) 20c. TIME OF INJURY Month, Day, Yeer (Stete) factory, straet, office bldg., etc.) Whila Not While Hour e.m. at work at work De 2 1 9/ 196/, to march 2 , 196, that (1) (wo) last 21. I certify that (I) (this hospital) attended the deceased from..... 2.19.6 and that death occurred at M.M., from the causes and on the date stated above. saw the deceased alive on ... Market 22e. SIGNATURE 22b, DATE ATTENDING SIGNED DIRECTOR PHYS. 22d. ADDRES 22c. PHYSICIAN'S NAME (Type) 23a. BURIAL, CREMATION, | 23b. 23d. LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) O in a 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 15M 9 60 DATE

505180-DUNCTION THE CHARLES AND THE CHARLES Charles and the second RETINED RAIL ROOK MARYLAND IN PE Danimer Lucker Comelic Donn HALL MANDENNESS OF THE STATE OF ALFRED B. LAPEN CLINTON, MARKARE Secretary of the the state of the second

		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
~		03711 CERTIFICATE OF DEATH 03708
M	1.	PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before admis a. COUNTY a. COUNTY b. COUNTY
	-	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest own) write RURAL and give nearest own)
76	-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS ON A F.
*	3.	NAME OF DECEMBED TO First Middle Last 4. DATE Month Dey Year
1		(Type or print) SEX 6. COLOR OR RACE 7 MARRIED MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24
	100	F WIDOWED DIVORCED May 11, 1916 45 yrs. Months Deys Hours
	do	Heusewife Hame triging USA
	13.	FATHER'S NAME 14. MOTHER'S MAIDEN DAME 15. MOTHER'S MAIDEN DAME 16. MOTHER'S MAIDEN DAME 16. MOTHER'S MAIDEN DAME 16. MOTHER'S MAIDEN DAME 16. MOTHER'S MAIDEN DAME 17. MOTHER'S MAIDEN DAME 18.
		WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 2/4 Cendlese s, no, or unknown) (Ifyes give wer or defes of service)
		18. CAUSE OF DEATH [Enter only one ceuse Cert line for (e), (b), and (c).] PART I. DEATH WAS CAUSED BY: ONSET AND DEATH WAS CAUSED BY:
		MAMEDIATE CAUSE (e) CEREBRAL MOVILAGE 3 N
		Conditions, if eny, which geve rise to immediate course DUE TO
	-	(e), stefting the underlying Source (c) Alberty Work - (s) FART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISTASE CONDITION GIVEN IN PART 1(a) 19. WAS AU
0	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO DEATH BUT NOT RELATED TO THE TERMINAL DESTASE CONDITION GIVEN IN TAXABLE TO THE TERMINAL DESTASE CONDITION GIVEN
	CERTIFIC	20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 1B.)
	MEDICAL	20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Hour e.m. 20f. (City or lown) (County) (St
	X	p.m. 19 et work et work 21. I certify that (I) (this hospital) attended the deceased from 190, to 3/9, to 1962, that (I) (w
		saw the deceased alive on
		22c. PHYSICIAN'S ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. 22d. ADDRESS
1		NAME (Type) BPWARREN BURNAL, CREMATION, 123b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) (Stellar)
		REMONAL (Specify) 3/12/62 Sarage Cemetery Sarage Mid
Sec.	24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS J 250. REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE DATE MAR 1 3 '62 CIXTURE SIGNATURE
A)		



pers. Pages 1 and 2 should 24 hours after 72 hours after TO HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed water. Page 4 may be retained by the hospital or attending physician.

I UNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely functor, page 3 should be detached for use as the burial-transit permit. Then please remove carbothers, be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours.

VR A15 (4) 15M 7/61

MARYLAND STATE DEPARTMENT OF HEALTH

IVISION OF	STATISTICAL			REET, BALTIMORE 1,	BALTIMORE 1, MARYLAND		
	03712	CERTIFICATE	OF DEATH		03709		
OF DEATH		11.2	USUAL RESIDENCE (Wh	ere deceased lived. If institutions	Residence before admission)		

e. COUNTY	e, STATE b. COUNTY	HI WALL
Prince Georges MARYLAND	D. C.	H
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL end give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL an	d giva neerest town)
Glenn Dale (rural) 27 days	Washington	47x 3
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	a. IS RESIDENCE ON A FARM?
Glenn Dale Hospital	636 I. St., S.E.	YES TO NO TE
3. NAME OF First Middle	Lest 4. DATE Month	Day Year
(Type or print)	OF DEATH 2	15 19 62
Tea	Turner DEATH 3	
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	last birthday) Months	Deys Hours Min.
Female white widowed DIVORCED	6/1/1890 71 yrs. —	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (County & State, or foreign country) 12. CIT	TIZEN OF WHAT COUNTRY?
Housewife -	Md.	USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
I-was Disass Obsessition	Henerietta Cheselton	
James Dingee Cheselton 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address	
(Yes, no, or unkown) (Ifyes give wer or detes of service)	5129 Fish	ner Rd.
	tty Williamson Temple H	ills Md
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]		ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypertensive and a:	rteriosclerotic cardiovascular	Unknown
DUE TO disease with cardia		
Conditions, if any, which		NAME OF STREET
gave rise to immediate cause		
(e), stating the underlying DUE TO		
Z PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR	T 1(e) 19. WAS AUTOPSY
		PERFORMED?
Chronic pyelonephritis, epigastric madiabetes mellitus, gastrointestinal b	leeding, etiology undetermined.	YES NO
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED OF CONTRIBUTING CAUSE OF DEATH IN ITS PROPERTY OF CONTRIBUTION OF CAUSE OF DEATH IN ITS PROPERTY OF CAUSE OF DEATH OF CAUSE OF	. (Enter neture of injury in Pert I or Part II of item 18.)	
(IF EITHER, NOTIFY MEDICAL EXAMINER)		A .
		unty) (Stete)
Hour a.m. While Not While	lory, street, office bldg., etc.)	
		10 . (1) 1
21. I certify that (I) (this hospital) attended the deceased from.	2/16/7. 38. 62103/1.5/, 19	O.Z., that (I) (we) last
saw the deceased alive on3/15/19.62., and that	death occured etPM, from the causes and on	
22e. SIGNATURE	ATTENDING MED. STAFF	22b. DATE SIGNED
our wey	A.D. PHYS. DIRECTOR TO PHYS.	3/15/62
22c. PHYSICIAN'S	22d. ADDRESS Glenn Dale Hosp	
NAME (Type) Moe Weiss, M.D.	Glenn Dale, Md.	
238. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY		
REMOVAL (Specify)	11:00 8.76 1	2011/201
Curial marin- 01	A DE DECIDENCE DE DECISERANCE	SIGNATURE
24 FUNERAL DIRECTOR'S SIGNATURE 16 ADDRESS Good	Hand Rd. 258. REC'D BY REGISTRAR 256. REGISTRAR'S	SIGINATUR!
Demnios tun Home Wash. D.	e DATHAR 1 9 '62 Circles S.	/ Manua

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2h		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Item 2 Film G310 4/2/62 mh	
70	L	CEDTIEICATE OF DEATH	Dist. No. 03710
TA		PLACE OF DEATH COUNTY COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residue) A. COUNTY MARYLAND D. A. STATE D. COUNTY	
7	L	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL on RURAL and give forest to the corporate limits, write RURAL on HYALLING Washin	117/1
70		d. NAME OF HOSPITAL (If not in hospital, give street address) ON THE PRINTING THE DESCRIPTION OF THE DESCRIPTION OF THE PRINTING OF THE PRINT	No Be. IS RESIDENCE ON A FARM? YES NO
		NAME OF DECEASED (Type or print) SAVERIO WAGNERINI 4. DATE OF DEATH MARCH	26 1962
	5.	NALE WILDITE WIDOWED DIVORCED H-11-1888 Manth	ER I YEAR IF UNDER 24 HRS. Days Hours Min.
		Retired Barber Italy	U.S.A.
(T)		Michael Vagnerini Rose Coscini	
T	15. (Ye:	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 179-01.4819 Mae C Vagnerini same as	above
		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Callandor Cause of Jimes	INTERVAL BETWEEN ONSEI AND DEATH
		Conditions, if any, which) (b)	0
		gave rise to immediate couse (a), stating the under- lying cause lost.	
0	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.	ART I(a) 19. WAS AUTOPSY PERFORMED? YES NO
	CERTIFI	206. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206. ACCIDENT WAS UNDERLYING COURRED. (Enter noture of injury in Part I or Port II of item 18.)	
	MEDICAL	20c. TIME OF INJURY Month, Doy, Year Not	(Caunty) (State)
		21. I certify that I attended the deceased from $3-1-42$, 19, to $3-24$, 19 2 that alive on $3-24-62$, 19, and that death occurred at $11.45AM$, from the causes and on	I last saw the deceased
		ACTUAL SIGNATURE ADDRESS (Street zity or town, state) ACTUAL SIGNATURE M.D. 6/1/0 H3 rb and	DATE SIGNED
1		PHYSICIAN'S John P. Clum Hnallenlle Ind	
	220	BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City. town, or county	
	23.	Burial 3-30-62 Rock Creek Washington FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS	SIGNATURE
	6	J. WIVI. Lee 300 H. St. // E- DATE MAR 28'62 auchun 2	S. Thomas

1 introduction of the state of the result beginning at the larger than and the larger than the larger than the

		LACE OF DEA	3714	Item	3 Film G311		ENCE (Where	deceased livad, If		ance before e	dmissic
M		PRINCE	GEORGES		MARYLAND	MARYL.			PRINCE		
VI)	t	write RURAL	N (if outside corporate end give nearest town)	limits,	LENGTH OF STAY IN 16	c. CITY OR TOW	/N (If outside cor	porate limits, write	RURAL and giv	e neerest tow	n)
-			S AIR FORCE		at always at a defense	d. STREET ADDR	REST HEI	GHTS		e. IS RI	ESIDEN
0	(ai, give sireer address)			170 000		YES T	A FAR
	3.	NAME OF	FORCE HOSP	First	Middle Henr		4. DATE	AIR STRE			
		Type or print)	JOS	EPH	/HAROLD	WALSH	OF DEAT	H MARC	Н 29	19	62
15	5.	SEX	6. COLOR OR RA	ACE 7. MARRIED	X NEVER MARRIED 8.	DATE OF BIRTH		9. AGE (fn yeers last birthdey)	Months Days		24 Hi
		MALE	CAUCASIA	N WIDOWED	DIVORCED 10	NOVEMBER	1907	54 угз.			
			ATION (Give kind of working life, even if r		OF BUSINESS OR INDUSTRY					OF WHAT C	
)	10	US AIR		US	S AIR FORCE	BALTIMOI	RE, MARY	LAND	UNIT	ED STA	res
	13.	JOSEPH				14. MOTHER'S MAIL		SKAUSKAS			
	15.	WAS DECEASED	EVER IN U.S. ARMED	FORCES? 16. 50	OCIAL SECURITY NO. 17. 11	NFORMANT	30	Address			
	(Ye	YES	(If yes give wer or dete	s of service) 554	-10-3624						
			F DEATH (Enter only							NTERVAL BET	
		PART I. DE	EATH WAS CAUSED BY		ACHNOID HEMORI	CHAGE				2 HRS	
1		33	6 × DUE	то							
3 1.		Conditions, if		(b) CEREB	RAL ARTERIOSCI	LEROSIS				5 YEAR	S_
		gave rise to imm (e), stating the	> DI II	TO	SENSION					10 YEA	DC
7	z	cause last.	THER SIGNIFICANT CO	(C)	BENSION	T RELATED TO THE TE	RMINAL DISEAS	E CONDITION GIV		19. WAS A	AUTOF
مان	CERTIFICATION		or o							PERFC	NO
	TIFIC,	20e. ACCIDENT	WAS UNDERLYING		BE HOW INJURY OCCURED.	(Enter nature of injur	y in Pert f or Pert	II of item 18.)			
		OF CONTRIBUTI	ING CAUSE OF DEA	NER)							
	ICAL	20c. TIME OF II		,	, ,	CE OF INJURY (Home,		ity or town)	(County)		(State
	MEDI	Hour e.i	m.	19 While at work	at work						
		21. I certify	y that (I) (XXXIX	XXXX attende	d the deceased from.	8 MARCH	, 1962, 1	29 MARC			
		saw the dec	ceased alive on?	9 MARCH	1962, and that	death occured a	at 1.1.5.M, fro	m the causes	and on the	date state	d ab
		22a. SIGNATU	6/	mile	Con	ATTENDING	MED. DIRECTOR	STAFF PHYS. X			SIC
		22c. PHYSICIAN	- wan	, ,	M.	D. PHYS	DIRECTOR		-	29 MARC	חר
		NAME (T)		MILDER,	Capt USAF MC		SPITAL,	ANDREWS	AIR FOR	CE BASI	E,
1		BURIAL CREM	AATION, 23b. DATE		23c. NAME OF CEMETERY			CATION (City, to			Stete)
1	23a				1 1	~ (1 13	- 11	- \	1	
1	23a	REMOVAL (Spec	cify) april	12-62	arlengton	nahona	el as	remedi		ruck	·Nu
1		Buri	of april	2-62	ADDRESS ADDRESS		REC'D BY REG	STRAR 25. RE	GISTRAR'S SIGN	NATURE //	er-

HOLEST HOLEST HOLEST TALE CANCASTAN LANGE OF THE SECOND 1907 BACK US AIR FORCE OR AIR PORCE - DALVISORE, RARYLADD UNITED STREETS A502-01-422 EDANGER - LESSELLEN EARTHAN THE SEE CHEET HE - TESAT HOSPITM, ATOMICS HE KREET HARRY

A EXEC

STREET, BALTIMORE 1, MARYLAND 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edinission) e. COUNTY b. COUNTY Prince George's b. CITY OR TOWN (if outside corporate limits, MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) write RURAL and give nearest town d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, gr Bever Heights D.O.A. . IS RESIDENCE d. STREET ADDRESS ON A FARM? State 1401 52nd Avenue YES NO George's General Hospital Prince NAME OF 4. DATE Month DECEASED OF (Type or print) DEATH d within 24 hours after death. If a 18. Give Pages 1, 2, and 3 to the form PM3. Page 5 magnith form PM3. Page 1 and 2 min. File pages 1 and 2 min. 26th.,19 Washington
B. DATE OF BIRTH March 6. COLOR ON NACE 7. MARRIED NEVER MARRIED 9. AGE (In years I F UNDER 1 YEAR IF UNDER 24 HRS last birthday) | Months WIDOWED DIVORCED Male Nov 10a. USUAL OCCUPATION (Giva kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Construction West Virginia

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORM. Unknown Address (Yes, no, or unkown) | (If yes give war or dates of service) Beckley, Flora Washington, 225 Morris Unknown. 18. CAUSE OF DEATH [Enter only one cause par line for (a), Office along ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate cause (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT PLATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART \$(a) 19. WAS AUTOPS CERTIFICATION 9 PERFORMED? NO 2Da. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. MEDICAL EXAMINER: writing to Chief A Page 3 sl Stabbed during an altercation f. (City or town) 2Dc. TIME OF INJURY (County) (Stata) at work at work 8.15 p.m. 3/26/1962 at work at work Home.
21. I certify that Plook charge of the remains described above, held an Autopsy X. Inspection x, Inquiry x, and in my opinion sase execute the certific should be forwarded to FUNERAL DIRECTOR Homicide X. death resulted from: Natural causes Accident Suicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER X EXAMINER'S 3/27/62 NAME (Type) JAMES BOYD, M.D. Add Address (Street, city, town, or county) 22b. DATE THEREOF 22d. LOCATION (City, town, or country) 22a. BURIAL, CREMATION. REMOVAL (Specify) Surial 23. FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR | 248. REGISTRAR'S SIGNATUR VR A15ME Chilbury S. Krous Riverdale, Md. 5M 1/62 W. W. CHAMBERS CO. DATEMAR 3 0 '62

STREET indros castri trivita de la castrica Contestat with a p. c. t. to a leave Heighte Bun W. Does Louis Carles Labor Labor a Patricia Explora The Contract of the Contract o Liborer Construction West Virginia L. H. H. Tilknorm . Tiosk Maskinstan, sees Commission ... The Market Part of the State of No decemble on maken boddets THE CHARGE STORY CO. S. LYSTERS OF STREET

MARYLAND STATE DEPARTMENT OF HEALTH 03715 CERTIFICATE OF DEATH

03713

a. COUNTY	ince Georges	M	ARYLAND	2. USUAL RESIDENCE (WE a. STATE Md	here deceased live	ed. If institution b. COUNTY	rince	before admi	ssion)
b. CITY OR TOWN RURAL and give r Bellmead	(If outside corporate limits, species, town)	write c. LENGTH OF ST	TAY IN 1b	c. CITY OR TOWN (IF a	eade, Mo	limits, write Kt	JRAL and give	e nearest ta	wn)
d. NAME OF HOSP	TAL (If not in hospital, give	street address) et		d. STREET ADDRESS 7411 Alli	ison Str	eet,.		ON	A FARM?
NAME OF DECEASED (Type or print)	Anto		ddle	Wenzl	4. DATE OF DEATH	March		Day 13,	Year 19 6
male	white	MARRIED NEVER MA		DATE OF BIRTH May 8, 1885	1.1	GE (In years out birthday) O yrs.	Months De	YEAR IF UN Dys Hour	T .
Ret. Gard	ION (Give kind af wark dan rking life, even if retired) ner	Private Ho		Asturiai	a	γ)	12. CITIZE	U S	
3. FATHER'S NAME	*** 1		37274	14. MOTHER'S MAIDEN N					
	Wenzl			Marie Ma	rtinek				
5. WAS DECEASEDEV Yes, no. or unknown) NO	ER IN U. S. ARMED FORCES (If yes, give wor or dates of service			arie Wenzl	Same as	Addr.	Wife)		
Canditions, if gave rise to cause (a), stating lying cause last	the under-								
5	THER SIGNIFICANT CONDIT	IONS CONTRIBUTING TO	DEATH BUT N	OT RELATED TO THE TERM	INAL DISEASE CO	ONDITION GIVE	EN IN PART 1	PERF	AUTOPSY ORMED?
	G CAUSE OF DEATH Y MEDICAL EXAMINER)	b. DESCRIBE HOW INJUR	Y OCCURRED.	(Enter nature of injury in	Part I ar Part II a	of item 18.)			
20c. TIME OF INJU Hour o. m. p. m.	10	20d. INJURY OCCURRED While Nat while at wark at wark		E OF INJURY (Hame, farm rry, street, affice bldg., etc		lawn)	(Cou	unty)	(State
sow the deced	ot (I) (this hospital) of sed alive on 3	L (n)		ath occurred of	473	3/13 causes and		that (1)	
22a. SIGNATURE	732	-	er.M.	D. PHYS. 🔼 DI	ED. SIRECTOR F	TAFF PHYS.		- /	SIGNEI 15/62
22c. PHYSICIAN'S NAME (Type) Dr Fr	ederick Mu	sser		22d. ADDRESS Bellme	eade, Ma	aryland	١.		game was was seen and was being
Burial, CREMATION REMOVAL (Specify Durial	ON, 23b. DATE THEREOF March 16,	23c. NAME OF C 1962 Ceda		Cemetery	23d. LOCATION Suitl	(City, town, o		(St	ate)
FUNERAL DIRECTO	R'S SIGNATURE	ADDRESS			D BY REGISTRAR	25b. REGIS	TRAR'S SIGN	ATURE	
I. Ga	asch's Sons	Hvattsvill	e. Md.	DATENA	R 1 9 '62	ari	lung & to	Location .	



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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) ony delay is necessary, funeral director. Page tained for your files. State Board of Health, . COUNTY Prince George's Maruaand Prince George's MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) write RURAL and give neerest town) Cheltenham Transient Brandywine d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) d. STREET ADDRESS retained ne State B Route # In a wooded area near Groes Road Box 3. NAME OF Middle DECEASED William West (Type or print) 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED | NEVER MARRIED 9. AGE (in years | IF UNDER 1 YEAR (birthday) ** Dec. 22,1892 in pencil in Item 18. Give Pages 1, 2, and Office along with form PM3. Page 5 may wrial-transit permit. File pages 1 and 2 w Male WIDOWED [DIVORCED X 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Retired Maryland pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME MEDICAL EXAMINER: This certificate should be executed within 24 Daniel T. West Martha Pinkney | 16. SOCIAL SECURITY NO. | 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unkown) (if year ive wanor detes of service) Turner West, Box 129, Route Office along with Brandywine. Md. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] = burial-fransit PART I. DEATH WAS CAUSED BY: and Exposure to cold IMMEDIATE CAUSE (e) removal DUE TO Conditions, if eny, which (b) "pending" gave rise to Immediate cause Examiner's ro DUE TO (e), stating the underlying cause last. pesn cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19, WAS AUTOPSY CERTIFICATION base execute the certificate, writing the word should be forwarded to the Chief Medical E FUNERAL DIRECTOR: Page 3 should be Arteriosclerotic Heart Disease 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of Injury In Pert I or Part II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. Exposed to cold during snow storm. be forwarded to the Chief RAL DIRECTOR: Page 3 20d. INJURY OCCURRED Ja 20e. PLACE OF INJURY (Home, farm, 1 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) factory, street, office bldg., etc.) Not Whila March 510 62 at work at work Cross Road Chltenham. Md. 21. I certify that I took charge of the remains described above, held an Autopsy K., Inspection X Inquiry X death resulted from: Natural causes Accident Y. Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER 3/6/62 DEPUTY DEPUTY MEDICAL EXAMINER Boyd ames I. NAME (Type) Address (Streat, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) ö OH 23. FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. AISME arthur S. Flence 5M 9/60

RYLAND STATE DEPARTMENT OF HEALTH

. IS RESIDENCE ON A FARM?

YES NO

19

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED?

NO

(Stata)

and in my opinion

DATE SIGNED

(State)

U. S. A.

IF UNDER 24 HRS.

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The state of the s THE COURSE SERVICE OF THE PROPERTY OF THE PARTY.

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MA OF DEATH Item 9 Film 0310 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before edmission) 1. PLACE OF DEATH e. COUNTY e. STATE Maryland b. COUNTY Prince Georges Prince Georges MARYLAND b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest fown) write RURAL end give neerest town) 10 days Hyattsville Chever ly d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) a. IS RESIDENCE ON A FARM? PrinceGeorges General Hospital 4400 Tuckerman Street YES NO XX 3. NAME OF 4. DATE DECEASED (Type or prinf) DEATH Albert Paul Wheatlev 31 62 March 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthdey) Months | Deys Male White WIDOWED DIVORCED 18 August 1913 IDe. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stele, or loreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) U.S. Goverment Trial Examiner Maryland U.S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending H. Winship Wheatley Emma Kehoe ۵ 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Frances Jackson Wheatley Same as #2 (Wife) r attending physician. has been signed by the 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction secondary to occlusion of hours the burial-transit the right coronary artery. DUE TO Conditions, if eny, which Coronary arteriosclerotic heart disease vears geve rise to immediate cause DUE TO (a), steting the underlying ceuse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(1) 19. WAS AUTOPSY NO Massive intestinal hemorrhage secondary to idiopathic thrombocytopenia 2Db. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part t or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dd. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Dev. Yeer 2Df. (City or town) (County) (Stete) fectory, street, office bldg., etc.) Not While While et work | et work 21. I certify that (I) (this hospital) attended the deceased from 3.1.1, 1964 to 3.3.1, 19.64, that (I) (we) last ATTENDING 22e. SIGNATURE STAFF SIGNED DIRECTOR FUNERAL 22d. ADDRES 22c. PHYSICIAN'S NAME (Type) Hyattsville., Md. Dr.A. Deitz., M.D. 23d. LOCATION (City, town or county) 23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) 4/3/62 Md. P dio Ft. Lincoln Colmar Manor, 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE arily S. Thous Hyattsville, Maryland Francis Gasch's Sons 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

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1	none 3. FATHER'S NAME			none	1	14. MOTHER'S MAII		0.). D. A.	
1		E. Whi	ite				Ann Sku	ichko			
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1. PLACE OF DE 2. USUAL RESIDENCE (Where deceased lived, If institution: Rasidance before admission) e. COUNTY b. COUNTY b. CITY OR TOWN (if outside corporate limits, MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest lown) writa RURAL and give naarast town) Cheverly
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Washington d. STREET ADDRESS e. IS RESIDENCE ON A FARM? George's General YES NO A Hospital Prince NAME OF 4. DATE 0 DECEASED OF (Type or print) DEATH 19 Alice 9. AGE (In years | IF UNDER 1 YEAR may 2 with 3 OR KACE 7. MARRIED NEVER MARRIED and last birthday) Months | Days WIDOWED A June 25,1905 DIVORCED Female yrs. hour Pages I. 10a. USUAL OCCUPATION (Give kind of work 1Db, KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (State or totalion country) 12. CITIZEN OF WHAT COUNTRY? done during most of working lifa, aven if ratirad) USA Fraternity House Maid Maryland Give Pag 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Frank Dyer Cecelia Matthews 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Addrass (Yas, no, or unkown) | (If yas give war or datas of sarvica) Sylvia Henson Same as 1"pending" in pencil in lee Examiner's Office along ve used as a burial-transit pil, cremation, or removal, 18. CAUSE OF DEATH [Enter only one cause per lina for (a), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave risa to immadiata causa word "pending dical Examiner" DUE TO (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 11a1 CERTIFICATION 9 PERFORMED? Medical YES NO vriting the wor Chief Medical age 3 should b 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of itam 18.) PRIMARY | or CONTRIBUTING | prior CAUSE OF DEATH. 2Dd. INJURY OCCURRED 20a, PLACE OF INJURY (Homa, farm, '20f. (City or town) 20c. TIME OF INJURY Month, Dey, Yaar (County) (Slete) fectory, straat, office bldg., etc.) Whila Not While at work at work 0 21. I certify that I took charge of the remains described above, held an Aulopsy . Inspection X. Inquiry X. and in my opinion se execute the certific mould be forwarded to FUNERAL DIRECTO Accident Suicide Undetermined manner death resulted from: Natural causes Homicide | CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER 3/26/62 EXAMINER'S NAME (Type) JAMES BOYD Addrass (Straat, city, town, or county) TLAME OF CEMETERY OR CREMATORY 22a, BURIAL, CREMATION, 22b. DATE THEREO 22d. LOCATION (City, lown, or country) (State) REMOYAL (Spacify) Durent UNER AND DIRECTOR 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VR A15ME arthur S. Thous 5M 1/62 DATE AND 2

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RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Rasidance bafore edmission) b. COUNTY a. COUNTY Page les. necessary Prince George's rince Marvland MARYLAND b. CITY OR TOWN (if outside corporata limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) director. write RURAL and give nearest town) Camo Springs vear Camp Springs d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? 6784 Allentown Road 6784 Allentown Raod YES NO 3. NAME OF First Middle 4. DATE Month Day DECEASED Wilson (Type or print) George Truman DEATH March 1962 and 3 to 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In yeers 1 IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX and 2 w last birthdey) Months Hours WIDOWED DIVORCED 17,1958 10a. USUAL OCCUPATION (Giva kind of work in pencil in Item 18. Give Pages 1, 2, 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) None None U. S. A. Maryland pages PM3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Truman Myrtle Virginia Brock IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes. no. or unkown) | (If yas give we ror detes of service) Myrtle Virginia Wilson, INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c), ONSET AND DEATH Office along burial-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Shook DUE TO Universal burns of the body geve rise to immediate cause 35 3 DUE TO (e), steting the underlying be used PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO TE 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part f or Pert II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 28 phouse that burned down Occupanturet 20c. TIME OF INJURY Month, Dey, Yeer (State) factory, street, office bldg., atc.) at work et work Home Inspection 21. I certify that I took charge of the remains described above, held an Autopsy Undetermined manner Natural causes Suicide Homicide death resulted from: CHIEF MEDICAL EXAMINER designated ACTUAL DATE SIGNED should be for SIGNATURE EXAMINER'S NAME (Type) Addrass (Streat, city, town, or county) NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Jown, or country) 220, BURIAL, CREMATION (Stata) 40 Z4b. REGISTRAR'S SIGNATURE VS. AISME

STATE DEPARTMENT OF HEALTH

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FOR STATE Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, 10 PRESTON STREET, BALTIMORE 1, 1	371	9	
HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decassed lived, If institution	. Residence	e before	admission)
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e. COUNTY Prince George's MARYLAND b. COUNTY Prince George's MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL c. CITY OR TOWN (if outside corporate limits, write RURAL	LIICE	Ge o	rge
Camp prings 1 year /2 Camp Springs			,
		l e. IS f	RESIDENCE
		ON	A FARM?
3. NAME OF First Middle Last 4. DATE Month	Day	Yel	-
(Type or print) Karen Edith Wilson DEATH March	2	19	60
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF SIRTH 19. AGE (In years IIF UNDE			62 R 24 HRS.
Female White WIDOWED DIVORCED March 30, 1960 1 yrs. Months	Days	Hours	Min.
10e. USUAL OCCUPATION (Give kind of work 10h. KIND OF BUSINESS OF INDUSTRY 11 BUSTHEL OF (State of feering accords)	ITIZEN OF	WHAT	COUNTRY
done during most of working life, evan if retirad) None None None	U. S	Σ Λ	
13. FATHER'S NAME	U. D	2. A	•
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (Iffyes give were or deles of service)			
none Myrtle Virginia Wilson co	me o	0 #	2
TO THE COURT OF DEATH [Enter only one cause par line for (a), (b), and (c).]	INTE	RVAL BE	TWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Shook	ONS	ET AND	DEATH
District of the state of the st			
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geve rise to immediate cause O.S. a. (a), stating the underlying DUE TO			
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ocal E da be emat a company of the c	YE		NO I
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MOWELL III			
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2:27 p.m. 3/2 1962 Whila at work Not Whila at work Home Camp Springs 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry	P	a	ма
21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry .	and i	n my c	
death resulted from: Natural causes . Accident, Suicide . Homicide . Undetermined manner [
CHIEF MEDICAL EXAMINER			
ACTUAL SIGNATURE COME TO ASSISTANT MEDICAL EXAMINER	DA	TE SIG	INED
SIGNATURE EXAMINERS NAME (Type) James I. Boyd Address (Street, city, town, or county) 22e. BURIAL, CREMATION 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county)	62		
NAME (Typa) James I. Boyd Address (Street, city, town, or county) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town; or county)		1500	
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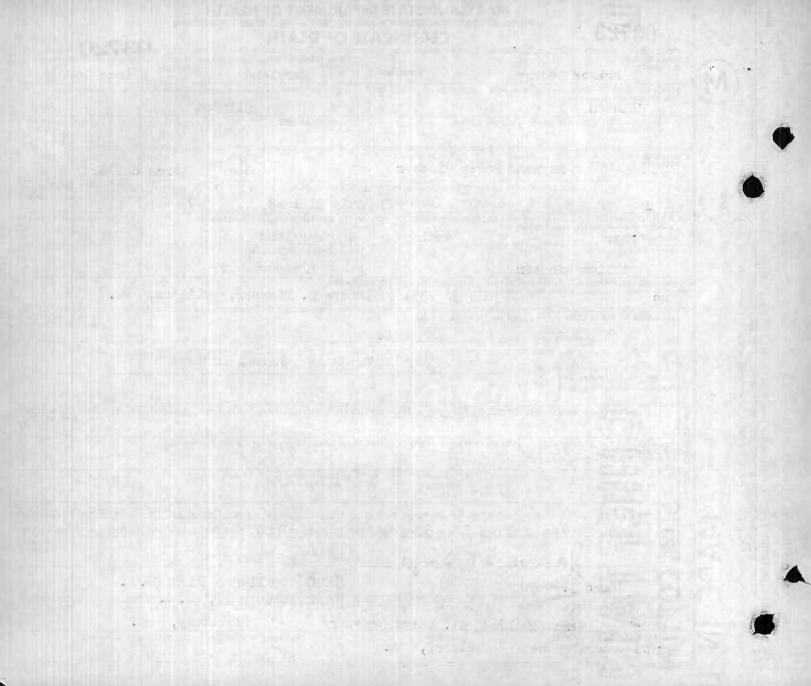
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

03500

1. PLACE OF DEATH o. COUNTY Pri	nce George		MARYL	2.12.1	o. STATE	ence (whe		d lived. If institu b. COUNT		e before		
b. CITY OR TOWN (IF RURAL and give ne Clinto	arest tawn)	its, write	c. LENGTH OF STAY II	V 1Ь	c. CITY OR T	OWN (If o	clin	rate limits, write	RURAL ond g	ive neare	est town)
d. NAME OF HOSPITAL (If nat in haspital, give street address) OR INSTITUTION					d. STREET A	DDRESS						IDENCE FARM?
3. NAME OF DECEASED (Type or print) Raymond Baker Windson					Lasi		4. DATE OF DEATH		onth ch 6 1°	Doy 962		Year
5. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED		ATE OF BIRTH	1882		9. AGE (In year last birthdoy) 79 yrs	Manths	_	F UNDE Hours	R 24 HR Min.
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	am Windson					MAIDEN N						
15. WAS DECEASED EVER (Yes, no. or unknown)	IN U. S. ARMED FOR If yes, give war or dates of s		17 36 7331	Bla:	nche O	. Wind	dsor,	Clinton	dress 1, Md.			
Conditions, if ar gove rise to in couse (a), stoting t lying cause lost.	he under-)	Urem Card	iova				lisease		1(a) 19.	PERFO	AUTOPS)
O (IF ETHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED. (E	inter nature o	finjury in I	Part I or Par	t II of item 18.)			YES [NO Z
20c. TIME OF INJURY Hour a.m. p. m.	/ Manth, Day, Ye	While		PLACE factory	OF INJURY (I	dame, farm bldg., etc.	, 20f. (City	or tawn)	(C	aunty)		(State
	ed alive an M		ded the deceased f		ATTENDING	at 9:	Ø fram ED. RECTOR □		nd an the		stated	
23g. BURIAL, CREMATION REMOVAL (Specify) burial 24. FUNERAL DIRECTOR'S Huntt Fune	March 10	1962	23c. NAME OF CEMET St. Marys ADDRESS Waldorf, M	Ceme		250. REC'	Pisc D BY REGIST		or county) Md. GISTRAR'S SIG			2)



W. PRESTON STREET, BALTIMORE 1, MARYLAND PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before admission) MARYLAND Contobracia and 2 death. c. LENGTH OF STAY IN 16 If outside corporete limits, write RURAL and give neerest write RURAL end give e. IS RESIDENCE IAME OF HOSPITAL OR INSTITUTION not in hospitel, and street eddress) ON A FARM YES T NAME OF DECEASED OF DEATH (Type or print) 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 8. DATE OF BIRTH (ast birthdey) Months WIDOWED DIVORCED USUAL OCCUPATION (Give kind of work KIND OF BUSINESS OR INDUSTRY State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? 10b. ing most of working life, even if retired) 13. FATHER'S NAME WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17 (Yes, no/ or unkown) | (If yes give wer or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN QUISET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which geve rise to immediate cause DUE TO (e), steting the underlying the 19. WAS AUTOPSY PERFORMED? 0 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of thiury in Pert I or Pert II of item 18. OR CONTRIBUTING CAUSE OF DEATH 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm,) 20f. (City or town) (County) (Stete) 20c. TIME OF INJURY Month, Dey, Yeer fectory, street, office bldg., etc.) While Not While Hour a.m. et work et work 21. I certify that (1) (this hospital) attended the deceased from October 1962 to March 31, 1962 that (1) (we) last 22b. DATE 220. SIGNATURE SIGNED DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stete) 23e. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) EMETER 7 5 5 8 REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 9/60

4. M) The Reserves the Mary and Merken 14 The territory of the state of t Part Breach Musing loss - 3804 song proof Thered Fail Least Mari 31 CE Myle white Jan. 23, 1893 69 Marmonist Ind Fair destroion Mel. 46 5. 15 J. Elmar worlf Cleric Fahigasy Mursing from Pacardia The state of the s

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ted with 24 hours after after filled in by the funeral are. Pages 1 apre 2 should 2 hours after death	77	1.	PLACE OF DEAT COUNTY Prince G CITY OR TOWN write RURAL an Cheverly d. NAME OF HOSP Prince G	orge s (if outside corpor d give neerest to	own) UTION (if
d completely bon ser.		5.	NAME OF DECEASED (Type or print) SEX Male	6. COLOR C	
The law requires that the death certificate be executed with the death certificate by hysician. Seen signed by the attending physician and correlately fill purial-transit permit. Then please remove carbon as. Pa. Pa. It cremation, or removal, and in any event, within 72 hours	(I	13. 15.	FATHER'S NAME WAS DECEASED E'S, no, or unkown) 18. CAUSE OF	VER IN U.S. AR/ Illyesgive weror DEATH [Enter- TH WAS CAUSI	d of work if retired web FORG detes of se
NG PHYSICIAN: The law requires that the by the hospital or attending physician. ther this certificate has been signed by the attached for use as the burial-transit permit. Therefield having to burial, cremation, or removal,	0	CAL CERTIFICATION	gave rise to immed (e), stating the ceuse lest.	R SIGNIFICANT VAS UNDERLYIN G \(\text{CAUSE OF } \) Y MEDICAL EXA	DUE TO (b) DUE TO (c) CONDIT

MARYLAND STATE DEPARTMENT OF HEALTH

RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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. PLACE OF DEA	XTH .				NCE (Whara dace		ution: Rasidence	e before edmission)
	George's	MARYI		Marylan	d	Prince	George	tg
b. CITY OR TOW	N (if outside corporete limits,	c. LENGTH OF STA	Y IN 1b		(If outside corpor			
Chever 1	and give neerest town)	10 days	6	Hyattsv	ille			
		not in hospital, give street addre	ess)	d. STREET ADDRES	SS	-		. IS RESIDENCE
	George's Gene				ilton Man	or Drive		ON A FARM?
NAME OF		•					-	YES NO
DECEASED	First	Middle		Last	4. DATE OF	Month	Day	Year
(Type or print)	Adri			Wolff	DEATH	March	20	19 62
S. SEX	6. COLOR OR RACE	. MARRIED NEVER MARRIED	8. DA	TE OF BIPTH		AGE (In yeers IF U		IF UNDER 24 HRS.
Male	THE PARTY OF THE P	WIDOWED X DIVORCED	_ 0	29-1894		67 yrs. Mo	onths Deys	Hours Min.
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LUCIE	N. L. NAO	111	U	EORGIA	NNA	IURP	HY	
 WAS DECEASED Yes, no. or unkown) 	EVER IN U.S. ARMED FORCE (If yes give were redetes of ser). 17. INFO	RMANT	-	Address	1	h
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18. CAUSE O	F DEATH [Entar only one	cause per line for (a), (b), end (c).]	0311.11	1/100			ERVAL BETWEEN
	EATH WAS CAUSED BY:		Twee	224424			ON	SET AND DEATH
LL	IMMEDIATE CAUSE (e)_	Myocardial	Tural	ection,			-	12 404
1 7	DUE TO							
Conditions, if		Arterioscle	rotic	Heart :	Disease	,		
gave rise to imm	DITE TO							
couse lest.	underlying (c)	Cerebral Va	scular	Accid	ent.			
Z PART II. OT	1-1-	ONS CONTRIBUTING TO DEATH				ONDITION GIVEN I	N PART 1(e) 1	9. WAS AUTOPSY
								PERFORMED
PART II. OT 20a. ACCIDENT OR CONTRIBUTI OIL (IF EITHER, NOT							1	YES NO
20a. ACCIDENT OR CONTRIBUTI	WAS UNDERLYING	206. DESCRIBE HOW INJURY	OCCURED. (Ente	er neture of injury	in Pert I or Pert II o	of item 18.)		
	TIFY MEDICAL EXAMINER)							
20c. TIME OF I	NJURY Month, Dey, Yeer	20d. INJURY OCCURRED		F INJURY (Home, f		or town)	(County)	(Stete)
Hour e.		While Not Whila et work	factory, s	treet, offica bldg.,	atc.)			
p.	m. 19	el work [] al work []		0.7		7/00	20	
		il) attended the deceased	,	/				hat (I) (we) las
saw the dec	ease alive on 3-2	07 19.62 a	nd that dea	th occured at	31.304, from	the causes and	on the da	ate stated above
22a. SIGNATU	RE J	1. 00 -716	5	1	P.M.	CYAFF		22b. DATE SIGNEE
	REDUK 4	DUVILL ILLA	M.D.	ATTENDING PHYS.	DIRECTOR	STAFF PHYS.		SIGNEL
22c. PHYSICIAI	N'S	brown of h		22d. ADDRESS				
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	Drl Leon L.							bM, elliva
23a. BURIAL, CREM		OF 23c. NAME OF CE	METERY OR C	KEMATORY	238. LOCAT	TION (City, town o	r county)	(State)
BURIA	3/23/	W SATE OF	= ME	AVEN	Who	EATON		110.
	OR'S SIGNATURE	ADDRESS /	/	25e.	REC'D BY REGISTR			
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	03726 CERTIFICATE OF DEAT	
M	a. COUNTY Prince George's Maryland Maryl	CE (Where deceased lived, if institution: Residence before admissio b. COUNTY and Prince George's If outside corporate limits, write RURAL end give nearest town)
77	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	Forestville e. IS RESIDENC
	Prince George's Gen. Hospital 3425 NAME OF First Middle Last DECEASED (Type or print) Linda Marie Wright	4. DATE Month Day Year OF DEATH March \$ 4 19 62
	Female 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH WIDOWED DIVORCED March 3, 196 106. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 106. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Cour	
T	3. FATHER'S NAME 14. MOTHER'S MAIDEN VORNON DVSON Wright Mary Eil	
	Vernon Dyson Wright 5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Yes, no, or unknown (lifyes give war or dates of service) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), end (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)	Same as above Interval Between
	IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which gave rise to immediata causa (e), stating the undarlying causa last. (c)	, 500, 100, 109
0		NAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOF
100		.)
	22a. SENATURE ATTENDING.	*5.0PM om the causes and on the date stated about the sta
1	22c. PHYSICIAN'S 22d. ADDRESS	PHYS. [] PHO3 Varnum Street, Landover H: PODDODOS, Maryland
-	3a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 3-17-62 Prince George's Gen. Hosp. 4 FUNERAL DIRECTOR'S SIGNATURE 25a. RE	Cheverly, Maryland Cob By REGISTRAR 25b. REGISTRAR'S SIGNATURE

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decaased livad, If institu a. COUNTY Prince George's MARYLAND Maryland Prince George's b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) wrife RURAL end give nearest town) Hillorest Heights ON A FARM? 2120 Gaither Street YES NO 2120 Gaither Street NAME OF 4. DATE Year DECEASED OF (Type or print) DEATH 19 62 Clarence Lee Wyche 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED may 2 will B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS last birthday) Months Days WIDOWED DIVORCED Male thin 24 hours aff Give Pages 1, 2, orm PM3. Page File pages 1 and 1Db. KIND OF BUSINESS OR INDUST 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if ratirad) Book Binder Book Bindery Georgia

14. MOTHER'S MAIDEN NAME U.S.A. Howard Bernard Wyche

15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT BE LOO Rakestraw (Yas, no, or unkown) | (Ifyesgive wer or datas of servica) ' in pencil in Item I executed of in Item 1 YOS WW 11 578-05-477
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). Leona Matilda Wyche Same as INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Hemorrhage and shock DUE TO Gun shot wound of head gave rise to immadiate ceuse DUE TO (a), stating the undarlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(1) 19, WAS AUTOPSY CERTIFICATION PERFORMED? NO 208. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 2Db. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Pert I or Part II of itam 18.) CAUSE OF DEATH. 20f. (City or town) (State) factory, streat, office bldg., etc.) Whila at work et work Home 21. I certify that I took charge of the remains described above, held an Autopsy Inspection . Inquiry . and in my opinion se execute the certific hould be forwarded to FUNERAL DIRECTO death resulted from: Natural causes Homicide Undetermined manner Accident Suicide T CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED EXAMINER'S NAME (Type) Addrass (Straat, city, town, or county) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETER OR CREMATORY 22d. LOCATION (City, town, or country) Cedar Hill Suitland Md. 240. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VR A15ME Lee Funeral Home - Washington D.C. 5M 1/62 DATE MAR 2 8 '62 arihan S. France

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OSPITAL OR ATTENDING PHYSICIAN: The law requires the set of may be retained by the hospital or attending physician. UNERAL DIRECTOR: After this certificate has been signed by the cor, page 3 should be detached for use as the burial-transit permit ed with the State Dept. of Health prior to burial, cremation, or recommendation of the contraction of the c		18. CA
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Page Page With With		22c. Pt
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with 24 hours after. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate by the hospital or attending physician. TO JUNERAL DIRECTOR: After this certificate has been signed by the attending physician and control that the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbor propers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.	- 00	- V
direction H	231	REMOVA
VR A1S (4)	24	FUNERA
15M 7/61	F	22c. Ph REMOVI FUNERA

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

13798

CERTIFICATE OF DEATH

20040	03/23
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission)
Prince Georges County MARYLAND	b. COUNTY Paryland Prince Georges
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lown)	c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town)
Cheverly	Edmonston 63
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
Prince Georges General Hospital	1909 - 52nd. Ave. YES NOT
3. NAME OF First Middle	Last 4. DATE Month Dey Yeer
(Type or print)	OF DEATH 36 1 70 10 60
William 5. SEX 6. COLOR OR RACE 7. HARRIST FOR MENER 1.	Zier March 10 19 62 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
7. MAKRED LI NEVER MAKRED	last birthday) Months Days Hours Min.
Male White WIDOWED DIVORCED	11-3-83 78 75.
10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)	TRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Retired Machinist U S Government	Washington D C U S A
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Jacob B Zier	Ella Pierce
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address
(Yes, no, or unkown) (Ifyesgive war or defes of service) 220 32 6931 J	osephine B Zier Edmonston Md.
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	INTÉRVAL BETWEEN ONSET AND DEATH
Conditions, if eny, which gave rise to immediate cause (a), stating the underlying cause lest. DUE TO DUE TO Conditions, if eny, which gave rise to immediate cause (b) DUE TO Recent Dartial as	nia both side
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT IN 200. ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCUR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	ED. (Enter neture of injury in Pert I or Part II of item 18.) LACE OF INJURY (Home, farm, † 20f. (City or town) (County) (Stete)
20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. P	ctory, street, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased from	13_5, 1962, to3_1.0_, 19.62 that (I) (we) last
	at death occured at M. From the causes and on the date stated above
220. SIGNATURE	ATTENDING MED STAFF 226. DATE
22c. PHYSICIAN'S PERCOCAL	M.D. PHIS. DIRECTOR PHIS. D. S. ELMIAZI
23a, BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	Y OR CREMATORY 23d. LOCATION (City, town or county) (State)
Burial 3/13/62 Ceder Hill C	emetery Suitland Maryland
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
F. Gasch's Sons Hyattsville, Maryland	DATE MAR 1 5 '62 Cather S. Krous

